Agency Use Only	
Date	12-23-24
By	MH

Department of Public Safety Standards and Training
4190 Aumsville Hwy SE
Salem, OR 97317

MAINTENANCE RE-CERTIFICATION FORM
(MRC-1 REVISED 4/2022)

Name: Last, First, Middle Initial	Date of Birth (Mandatory)	DPSST Fire #
LaVallee , Chad W.	[redacted]	**36828**
Affiliated Fire Agency Alfalfa Fire District	Inactive Date: ☐ (If inactive, complete a PAF)	

TRAINING RE-CERTIFICATION INFORMATION

Please check all levels of certification in which you wish to re-certify. Blank boxes will be lapsed.
Listed below are the certifications in our database for this individual.
Certifications issued after 5-16-2024 will not be reflected in your Maintenance Re-Certification Packet, but will be viewable on Snapshot or IRIS.

- ☒ NFPA Mobile Water Supply Apparatus ***Active***
- ☒ NFPA Fire & Emergency Svcs Inst II ***Implied***
- ☑ NFPA Live Fire Instructor ***Implied***
- ☒ NFPA Live Fire Instructor In Charge ***Active***
- ☒ NFPA Operations Level Responder ***Active***
- ☒ NFPA Fire Apparatus Driver/Operator ***Implied***
- ☒ NFPA Apparatus Equipped w/Fire Pump ***Active***
- ☒ Firefighter Type 2 (FFT2) ***Implied***
- ☒ Firefighter Type 1 (FFT1) ***Implied***
- ☒ Engine Boss, Single Resource (ENGB) ***Active***
- ☑ NFPA Fire Fighter I ***Implied***
- ☒ NFPA Fire Fighter II ***Implied***
- ☒ NFPA Fire Instructor I ***Implied***
- ☒ NFPA Fire Officer I ***Active***

***NOTICE**: If this form is not filled out completely and accurately, it will be returned unprocessed.*
If there are certifications not listed on the above training record or not listed in Snapshot, please complete the appropriate application and apply for certification.

ATTEST: The information contained in this application is true and correct to the best of my knowledge. I understand that a false or misleading statement on this document is subject to penalty under ORS 162.055, et al, and ORS 162.305 and may be cause to deny or revoke a fire service professional certification.

Signature: Don Willis ✓ ***(DO NOT SIGN YOUR OWN FORM)***
(Agency Head or Authorized Representative)

Printed Name: Don Willis Date: 2 Dec 24

RECEIVED DEC 23 2024

E 12/20/24

Department of Public Safety
Standards and Training
Fire Standards and Certification
4190 Aumsville Hwy SE
Salem, OR 97317
Phone: 503-378-2100
Fax: 503-378-4600

NFPA FIRE APPARATUS DRIVER/OPERATOR

NFPA Standard No. 1002, Edition of 2017
Application for Certification
(Revised 01/2018)

P

DPSST Office Use Only	
LEDS Check	BB OK
OECI Check	BB OK
Levels:	Aerial
Date:	12-20-24
Reviewer Initials:	BB

Name: LaVallee (Last) Chad (First) (MI)
DPSST Fire #: 31875
Date of Birth: [redacted]
Applicant's Fire Agency: Alfalfa Fire District
Social Security #*: _____ (Required)

*You are required to provide your Social Security Number (SSN) to DPSST. The authority for this requirement is ORS 25.785 and ORS 305.385, 42 USC 405(c)(2)(C)(i), 42 USC 666(a)(13). Your SSN will only be used for child support enforcement and tax purposes. Failure to provide your SSN will be basis to refuse issuance of a certificate.

In the "Training Completed" column record all applicable DPSST certified course number(s), college/university course number(s), or the fire agency where training was completed. ***PROVIDE COPIES OF ALL DOCUMENTATION AS PROOF OF COURSE COMPLETION IF IT IS NOT REFLECTED IN SNAPSHOT.*** For all out-of-state college/university courses, provide course descriptions for evaluation. In the "Date" column record the date the training was completed. **Failure to complete this application in its entirety will result in the application being returned.**

NFPA Fire Apparatus Driver/Operator (Driver)		TRAINING COMPLETED	DATE
4.2	Preventive Maintenance		
4.3	Driving/Operating		
4.4	Fire Department Communications		

- **Is the Applicant licensed to drive all vehicles they are expected to operate?** ☐ Yes ☐ No
- **Has Applicant completed the NFPA Fire Apparatus Driver/Operator Task Book?** ☐ Yes ☐ No
  -OR-The date Applicant completed the Task Performance Evaluation: _____

NFPA Apparatus Equipped with Fire Pump (Pumper)		TRAINING COMPLETED	DATE
5.1	General		
5.2	Operations		

- **Is Applicant certified as NFPA Fire Apparatus Driver/Operator?** ☐ Yes ☐ No
- **Has Applicant completed the NFPA Apparatus Equipped with Fire Pump Task Book?** ☐ Yes ☐ No
  -OR-The date Applicant completed the Task Performance Evaluation: _____

NFPA Apparatus Equipped with an Aerial Device (Aerial)		TRAINING COMPLETED	DATE
6.1	General	In House Task Book on File	7-14-24
6.2	Operations	In House Task Book on File	10-26-24

- **Is Applicant certified as NFPA Fire Apparatus Driver/Operator?** ☑ Yes ☐ No
- **Is Applicant certified as NFPA Fire Fighter I?** ☑ Yes ☐ No
- **Has Applicant completed the NFPA Apparatus Equipped with an Aerial Device Task Book?** ☑ Yes ☐ No
  -OR-The date Applicant completed the Task Performance Evaluation: _____

Wait on agreement

NFPA Apparatus Equipped with a Tiller (Tiller)	TRAINING COMPLETED	DATE

RECEIVED Nov 12 2024

7.2	Operations		

- **Is Applicant certified as NFPA Apparatus Equipped with an Aerial Device?** ☐ Yes ☐ No
- **Is Applicant certified as NFPA Fire Fighter I?** ☐ Yes ☐ No
- **Has Applicant completed the NFPA Apparatus Equipped with a Tiller Task Book?** ☐ Yes ☐ No
  -OR-The date Applicant completed the Task Performance Evaluation: _____

NFPA Wildland Fire Apparatus		TRAINING COMPLETED	DATE
8.1	General		
8.2	Operations		

- **Is Applicant certified as NFPA Fire Apparatus Driver/Operator?** ☐ Yes ☐ No
- **Has Applicant completed the NFPA Wildland Fire Apparatus Task Book?** ☐ Yes ☐ No
  -OR-The date Applicant completed the Task Performance Evaluation: _____

NFPA Aircraft Rescue and Fire-Fighting Apparatus		TRAINING COMPLETED	DATE
9.1	General		
9.2	Operations		

- **Is Applicant certified as NFPA Fire Apparatus Driver/Operator?** ☐ Yes ☐ No
- **Is Applicant certified as NFPA Fire Fighter II?** ☐ Yes ☐ No
- **Is Applicant certified as NFPA Airport Fire Fighter (NFPA 1003)?** ☐ Yes ☐ No
- **Has Applicant completed the NFPA Aircraft Rescue and Fire-Fighting Apparatus Task Book?** ☐ Yes ☐ No
  -OR-The date Applicant completed the Task Performance Evaluation: _____

NFPA Mobile Water Supply Apparatus		TRAINING COMPLETED	DATE
10.1	General		
10.2	Operations		

- **Is Applicant certified as NFPA Fire Apparatus Driver/Operator?** ☐ Yes ☐ No
- **Has Applicant completed the NFPA Mobile Water Supply Apparatus Task Book?** ☐ Yes ☐ No
  -OR-The date Applicant completed the Task Performance Evaluation: _____

ATTEST: As an authorized signer I have reviewed this form for completeness and accuracy. I understand that falsification of this document makes my certifications subject to denial or revocation under ORS 181A.640 and OAR 259-009-0070.

AS THE APPLICANT: I am aware that a criminal history check will be conducted with submission of this application for certification. I understand that if I have been convicted of a crime(s) I may be subject to denial or revocation of my application or certification(s): ☒ Yes ☐ No

Signature of Applicant — 7th NOV 24 — Date

Signature of Agency Head or Designee — Don Wilks — Printed name of Agency Head or Designee — 7/Nov 24 — Date

State of Oregon
Department of Public Safety Standards and Training

NFPA Apparatus Equipped with an Aerial Device (Aerial)

Task Book

Task Book Assigned To:	
Chad LaVallee Name	36828 DPSST Fire Service #
Alfalfa Fire Agency Name	06/03/2024 Date Initiated
Signature of Agency Head or Training Officer	10/26/2024 Date Completed
Don Wallace	7 November 24

Department of Public Safety Standards and Training
4190 Aumsville Hwy SE.
Salem, Oregon 97317
(503) 378-2100

Additional copies of this document may be downloaded from the DPSST web site:
http://oregon.gov/DPSST/FC/index.shtml

Revised January 2018

DEPARTMENT OF PUBLIC SAFETY STANDARDS AND TRAINING
Notice of Course Completion and/or Inter-Department Training
NOCC (06/2012)

Student Name:	Chad LaValley	DPSST Fire Service #:	364826
Employing Department:	Alfalfa Fire District		
Title of Training:	**NFPA Apparatus Equipped with Aerial Device**		
Accredited Training Number:	**23F062**		
Competency Numbers Covered:	All		
Location of Training:	Alfalfa Fire District		
Date(s) of Training:	04/03/24 - 10/24/24		

NOTICE OF COURSE COMPLETION:
This form should be signed by the *instructor* of the certified class and given to the student who is responsible for maintaining this record of his attendance.

Instructor Signature	**Keegan Parvin** Instructor Name	**37772** DPSST Number

Note to the Student:
This is the **only** record of you passing this class so you are responsible for maintaining it.

Department of Public Safety
Standards and Training
Fire Standards and Certification
4190 Aumsville Hwy SE
Salem, OR 97317
Phone: 503-378-2100
Fax: 503-378-4600

NFPA FIRE APPARATUS DRIVER/OPERATOR

NFPA Standard No. 1002, Edition of 2017
Application for Certification
(Revised 01/2018)

DPSST Office Use Only	
LEDS Check:	☒ OK
OECI Check:	☒ OK
Levels:	MW 81
Date:	3.27.23
Reviewer Initials:	BB

Name: LaVallee (Last) Chad (First) ✓ (MI) **DPSST Fire #:** 36828 ✓
Date of Birth: [redacted]
Applicant's Fire Agency: Alfalfa Fire District ✓ **Social Security #*:** _____ (Required)

*You are required to provide your Social Security Number (SSN) to DPSST. The authority for this requirement is ORS 25.785 and ORS 305.385, 42 USC 405(c)(2)(C)(i), 42 USC 666(a)(13). Your SSN will only be used for child support enforcement and tax purposes. Failure to provide your SSN will be basis to refuse issuance of a certificate.

In the "Training Completed" column record all applicable DPSST certified course number(s), college/university course number(s), or the fire agency where training was completed. ***PROVIDE COPIES OF ALL DOCUMENTATION AS PROOF OF COURSE COMPLETION IF IT IS NOT REFLECTED IN SNAPSHOT.*** For all out-of-state college/university courses, provide course descriptions for evaluation. In the "Date" column record the date the training was completed. **Failure to complete this application in its entirety will result in the application being returned.**

NFPA Fire Apparatus Driver/Operator (Driver)		TRAINING COMPLETED	DATE
4.2	Preventive Maintenance		
4.3	Driving/Operating		
4.4	Fire Department Communications		

- **Is the Applicant licensed to drive all vehicles they are expected to operate?** ☐ Yes ☐ No
- **Has Applicant completed the NFPA Fire Apparatus Driver/Operator Task Book?** ☐ Yes ☐ No
  -OR-The date Applicant completed the Task Performance Evaluation: _____

NFPA Apparatus Equipped with Fire Pump (Pumper)		TRAINING COMPLETED	DATE
5.1	General		
5.2	Operations		

- **Is Applicant certified as NFPA Fire Apparatus Driver/Operator?** ☐ Yes ☐ No
- **Has Applicant completed the NFPA Apparatus Equipped with Fire Pump Task Book?** ☐ Yes ☐ No
  -OR-The date Applicant completed the Task Performance Evaluation: _____

NFPA Apparatus Equipped with an Aerial Device (Aerial)		TRAINING COMPLETED	DATE
6.1	General		
6.2	Operations		

- **Is Applicant certified as NFPA Fire Apparatus Driver/Operator?** ☐ Yes ☐ No
- **Is Applicant certified as NFPA Fire Fighter I?** ☐ Yes ☐ No
- **Has Applicant completed the NFPA Apparatus Equipped with an Aerial Device Task Book?** ☐ Yes ☐ No
  -OR-The date Applicant completed the Task Performance Evaluation: _____

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NFPA Apparatus Equipped with a Tiller (Tiller)		TRAINING COMPLETED	DATE
7.2	Operations		

- **Is Applicant certified as NFPA Apparatus Equipped with an Aerial Device?** ☐ Yes ☐ No
- **Is Applicant certified as NFPA Fire Fighter I?** ☐ Yes ☐ No
- **Has Applicant completed the NFPA Apparatus Equipped with a Tiller Task Book?** ☐ Yes ☐ No
  -OR-The date Applicant completed the Task Performance Evaluation: _____

NFPA Wildland Fire Apparatus		TRAINING COMPLETED	DATE
8.1	General		
8.2	Operations		

- **Is Applicant certified as NFPA Fire Apparatus Driver/Operator?** ☐ Yes ☐ No
- **Has Applicant completed the NFPA Wildland Fire Apparatus Task Book?** ☐ Yes ☐ No
  -OR-The date Applicant completed the Task Performance Evaluation: _____

NFPA Aircraft Rescue and Fire-Fighting Apparatus		TRAINING COMPLETED	DATE
9.1	General		
9.2	Operations		

- **Is Applicant certified as NFPA Fire Apparatus Driver/Operator?** ☐ Yes ☐ No
- **Is Applicant certified as NFPA Fire Fighter II?** ☐ Yes ☐ No
- **Is Applicant certified as NFPA Airport Fire Fighter (NFPA 1003)?** ☐ Yes ☐ No
- **Has Applicant completed the NFPA Aircraft Rescue and Fire-Fighting Apparatus Task Book?** ☐ Yes ☐ No
  -OR-The date Applicant completed the Task Performance Evaluation: _____

NFPA Mobile Water Supply Apparatus		TRAINING COMPLETED	DATE
10.1	General	DPSST/ Task Book On File	02/11/23
10.2	Operations	DPSST/Task Book On File	02/11/23

- **Is Applicant certified as NFPA Fire Apparatus Driver/Operator?** ■ Yes ☐ No
- **Has Applicant completed the NFPA Mobile Water Supply Apparatus Task Book?** ■ Yes ☐ No
  -OR-The date Applicant completed the Task Performance Evaluation: _____

ATTEST: As an authorized signer I have reviewed this form for completeness and accuracy. I understand that falsification of this document makes my certifications subject to denial or revocation under ORS 181A.640 and OAR 259-009-0070.

AS THE APPLICANT: I am aware that a criminal history check will be conducted with submission of this application for certification. I understand that if I have been convicted of a crime(s) I may be subject to denial or revocation of my application or certification(s): ☒ Yes ☐ No

Signature of Applicant — 02/27/23 (Date)

Signature of Agency Head or Designee — Don Willis (Printed name of Agency Head or Designee) — March 23 (Date)

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NFPA Mobile Water Supply Apparatus
Signature Page

This signature page is a tool for your agency to document completed tasks; completion of the entire Task Book is still required (if not utilizing Task Performance Evaluations). The signature page and documentation should be kept on file at your agency. Please **do not** submit the Task Book or signature page to Department of Public Safety Standards and Training.

Initials	DPSST Fire #	Printed Name	Signature
HJ	32371	Hayden Jones	

Department of Public Safety
Standards and Training
Fire Standards and Certification
4190 Aumsville Hwy SE
Salem, OR 97317
Phone: 503-378-2100
Fax: 503-378-4600

NFPA FIRE AND EMERGENCY SERVICES INSTRUCTOR

NFPA Standard No. 1041, Edition of 2019
Application for Certification
(Revised 08/2019)

P

DPSST Office Use Only
LEDS Check: BR OK
OECI Check: BR OK
Levels: I, II
LFI, LFIS
Date: 2-25-23
Reviewer Initials: BB

Name: LaVallee (Last) Chad (First) (MI)
DPSST Fire #: 36828
Date of Birth: [redacted]
Applicant's Fire Agency: Alfalfa Fire District
Social Security #*: ✓ (Required)

*You are required to provide your Social Security Number (SSN) to DPSST. The authority for this requirement is ORS 25.785 and ORS 305.385, 42 USC 405(c)(2)(C)(i), 42 USC 666(a)(13). Your SSN will only be used for child support enforcement and tax purposes. Failure to provide your SSN will be basis to refuse issuance of a certificate.

In the "Training Completed" column record all applicable DPSST certified course number(s), college/university course number(s), or the fire agency where training was completed. ***PROVIDE COPIES OF ALL DOCUMENTATION AS PROOF OF COURSE COMPLETION IF IT IS NOT REFLECTED IN SNAPSHOT.*** For all out-of-state college/university courses, provide course descriptions for evaluation. In the "Date" column record the date the training was completed. **Failure to complete this application in its entirety will result in the application being returned.**

NFPA FIRE AND EMERGENCY SERVICES INSTRUCTOR I		TRAINING COMPLETED	DATE
4.2	Program Management		
4.3	Instructional Development		
4.4	Instructional Delivery		
4.5	Evaluation and Testing		

- **Has Applicant completed the NFPA Fire and Emergency Services Instructor I Task Book?** ☐ Yes ☐ No

NFPA FIRE AND EMERGENCY SERVICES INSTRUCTOR II		TRAINING COMPLETED	DATE
5.2	Program Management	In House	11/22/22
5.3	Instructional Development	In House	11/22/22
5.4	Instructional Delivery	In House	11/22/22
5.5	Evaluation and Testing	In House	12/19/2022

NOCC

- **Is Applicant certified as an NFPA Fire and Emergency Services Instructor I?** ■ Yes ☐ No
- **Has Applicant completed the NFPA Fire and Emergency Services Instructor II Task Book?** ■ Yes ☐ No

NFPA FIRE AND EMERGENCY SERVICES INSTRUCTOR III		TRAINING COMPLETED	DATE
6.2	Program Management		
6.3	Instructional Development		
6.4	Instructional Delivery	No JPRs at this level.	N/A
6.5	Evaluation and Testing		

- **Is Applicant certified as an NFPA Fire and Emergency Services Instructor II?** ☐ Yes ☐ No
- **Has Applicant completed the NFPA Fire and Emergency Services Instructor III Task Book?** ☐ Yes ☐ No

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NFPA Live Fire Instructor in Charge - Evaluator Information

This page to be completed by the Live Fire Instructor course instructor and validated by the Chief or Training Officer of the Authority Having Jurisdiction. Two evaluations forms are provided. One or both may be used and additional copies may be made for multiple events.

Trainee Information

Printed Name: Chad LaVallee

Position Being Evaluated: ☐ Live Fire Instructor ☒ Live Fire Instructor In Charge

Home Agency: Alfalfa Fire District

Home Agency Address and Phone Number: 25889 Alfalfa Market Rd Bend, OR 97701
541-382-2333

Evaluator Information

Printed Name: Sean P Ryan

Certification Level: ☒ Live Fire Instructor ☒ Live Fire Instructor In Charge

Evaluator Qualification and Qualifying Body: Virginia Dept Fire Programs / ProBoard

Home Agency: Albemarle Co Fire Rescue

Home Agency Address and Phone Number:
460 Stagecoach Rd
Charlottesville VA 22902 434-295-5833

Event Information

Event Title: Dept Burns

Location: 100 Perogoy Ln (Training Center)

Date: 10/15 - 10/21/22

Type of Fuel: ☒ Class A ☐ Gas ☐ Liquid ☐ Other, Specify:

Type of Structure: ☒ Fixed ☐ Acquired ☐ Prop ☐ Other, Specify:

Instructor Notes

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NFPA Live Fire Instructor Signature Page

This signature page is a tool for your agency to document completed tasks; completion of the entire Task Book is still required (if not utilizing Task Performance Evaluations). The signature page and documentation should be kept on file at your agency. Please **do not** submit the Task Book or signature page to Department of Public Safety Standards and Training.

Initials	DPSST Fire #	Printed Name	Signature

CERTIFICATE of ACHIEVEMENT

This is to certify that

Chad LaVallee

has completed the course

DPSST - Live Fire Instructor - 2021

September 12, 2022

CERTIFICATE of ACHIEVEMENT

This is to certify that

Chad LaVallee

has completed the course

DPSST - Live Fire Instructor - 2021

September 12, 2022

Live-Fire Instructor In-Charge

DEPARTMENT OF PUBLIC SAFETY STANDARDS AND TRAINING
Notice of Course Completion and/or Inter-Department Training
NOCC (06/2012)

Name: Chad LaVallee DPSST Fire Service #: 36828

Employing Department: Alfalfa Fire District

Title of Training: **NFPA Live Fire Instructor**

Accredited Training Number: **21F022**

Competency Numbers Covered: All

Location of Training: Alfalfa

Date(s) of Training: Sept. 21, 2022

NOTICE OF COURSE COMPLETION:
This form should be signed by the *instructor* of the certified class and given to the student who is responsible for maintaining this record of his attendance.

Instructor Signature	**Michael J. Bozeman** Instructor Name	**4048** DPSST Number

Note to the Student:
This is the **only** record of you passing this class so you are responsible for maintaining it.

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DEPARTMENT OF PUBLIC SAFETY STANDARDS AND TRAINING
Notice of Course Completion and/or Inter-Department Training
NOCC (06/2012)

Name: Chad LaVallee DPSST Fire Service #: 36828

Employing Department: Alfalfa Fire District

Title of Training: **NFPA Live Fire Instructor In Charge**

Accredited Training Number: **21F023**

Competency Numbers Covered: All

Location of Training: Alfalfa

Date(s) of Training: Sept.12, 2022

NOTICE OF COURSE COMPLETION:
This form should be signed by the *instructor* of the certified class and given to the student who is responsible for maintaining this record of his attendance.

Instructor Signature	**Michael Bozeman** Instructor Name	**4048** DPSST Number

Note to the Student:
This is the **only** record of you passing this class so you are responsible for maintaining it.

DEPARTMENT OF PUBLIC SAFETY STANDARDS AND TRAINING
Notice of Course Completion and/or Inter-Department Training
NOCC (06/2012)

Name: Chad LaVallee DPSST Fire Service #: 31628

Employing Department: Alfalfa Fire District

Title of Training: **NFPA Fire & Emergency Services Instructor II**

Accredited Training Number: **20F022**

Competency Numbers Covered: All

Location of Training: Alfalfa Fire District

Date(s) of Training: Nov 1 - Dec 31st

NOTICE OF COURSE COMPLETION:
This form should be signed by the *instructor* of the certified class and given to the student who is responsible for maintaining this record of his attendance.

Instructor Signature	**David E. MacKenzie** Instructor Name	**9761** DPSST Number

Note to the Student:
This is the **only** record of you passing this class so you are responsible for maintaining it.

Agency Use Only	
Date	1-5-23
By	MH

Department of Public Safety Standards and Training
4190 Aumsville Hwy SE
Salem, OR 97317

MAINTENANCE RE-CERTIFICATION FORM
(MRC-1 REVISED 4/2022)

Name: Last, First, Middle Initial	Date of Birth (Mandatory)	DPSST Fire #
LaVallee , Chad W.	[redacted]	**36828**
Affiliated Fire Agency: Alfalfa Fire District	Inactive ☐ (If inactive, complete a PAF) Date:	

TRAINING RE-CERTIFICATION INFORMATION

Please check all levels of certification in which you wish to re-certify. Blank boxes will be lapsed.

Listed below are the certifications in our database for this individual.
Certifications issued after 5-19-2022 will not be reflected in your Maintenance Re-Certification Packet, but will be viewable on Snapshot or IRIS.

- ☒ NFPA Fire Officer I ***Active***
- ☒ Engine Boss, Single Resource (ENGB) ***Active***
- ☒ NFPA Operations Level Responder ***Active***
- ☒ NFPA Fire Apparatus Driver/Operator ***Implied***
- ☒ NFPA Apparatus Equipped w/Fire Pump ***Active***
- ☒ Firefighter Type 2 (FFT2) ***Implied***
- ☒ Firefighter Type 1 (FFT1) ***Implied***
- ☒ NFPA Fire Fighter I ***Implied***
- ☒ NFPA Fire Fighter II ***Implied***
- ☒ NFPA Fire Instructor I ***Active***

***NOTICE**: If this form is not filled out completely and accurately, it will be returned unprocessed.*
If there are certifications not listed on the above training record or not listed in Snapshot, please complete the appropriate application and apply for certification.

ATTEST: The information contained in this application is true and correct to the best of my knowledge. I understand that a false or misleading statement on this document is subject to penalty under ORS 162.055, et al, and ORS 162.305 and may be cause to deny or revoke a fire service professional certification.

Signature: _____ ***(DO NOT SIGN YOUR OWN FORM)***
(Agency Head or Authorized Representative)

Printed Name: DAVID MACKENZIE Date: 11-21-22

RECEIVED JAN 04 2023

PAF

DPSST Office Use Only
DPSST Fire Service # 36828
Date 3/28/22
By JB

Department of Public Safety Standards and Training
4190 Aumsville Hwy SE
Salem, OR 97317
Phone: 503-378-2100
Fax: 503-378-4600

PERSONNEL / AGENCY FORM

(Revised 1/29/18)

Fire Service Agency Name
Idanha-Detroit RFPD

1. PERSONNEL

Name: Last First Middle Initial	Sex (M/F)	Date of Birth (Mandatory)	US Veteran?	DPSST Fire #
LaVallee, Chad W	M	[redacted]	Yes ☐ No ■	36828

2. PERSONNEL ACTIVITY

New Employee ☐ *Date:* Background Investigation Completed Yes ☐ No ☐	Resigned ■ *Date:* 3-24-22	Retired ☐ *Date:*	Deceased ☐ *Date:*
Leave of Absence ☐ *Date:*	Lay Off ☐ *Date:*	Failed Probation ☐ *Date:*	Discharged – Performance ☐ *Date:* Discharged – Behavior ☐ *Date:*
Other or Name Change ☐ *Date:*	*Explanation:*		

3. FIRE SERVICE AGENCY CHANGES ONLY

Agency Mailing Address		City	Zip
Agency Phone	Fax	Email	

Chief		Chief Contact Phone	Cell
Effective Date	Fax	Email	

Training Officer		T.O. Contact Phone	Cell
Effective Date	Fax	Email	

Authorized Signer		Contact Phone	Cell
Effective Date	Fax	Email	

Remove a Chief, Training Officer, or Authorized Signer:	Effective Date:

As an authorized signer I have reviewed this form for completeness and accuracy. I understand that falsification of this document makes my certifications subject to denial or revocation under ORS 181A.640 and OAR 259-009-0070. OAR 259-009-0010, requires fire agencies to submit this information to DPSST within thirty (30) business days after employment or change in employment status. **If this form is not filled out completely, it will be returned unprocessed.**

✓ **Signature:** _____ (Signature of Agency Head or Designee) **Printed Name:** Laura Harris 3-24-22 **Date**

RECEIVED MAR 28 2022

PAF

DPSST Office Use Only
DPSST Fire Service # 36828
Date 5-13-21
By MH

Department of Public Safety Standards and Training
4190 Aumsville Hwy SE
Salem, OR 97317
Phone: 503-378-2100
Fax: 503-378-4600

PERSONNEL / AGENCY FORM

(Revised 1/29/18)

Fire Service Agency Name
Idanha-Detroit RFPD

1. PERSONNEL

Name: Last First Middle Initial	Sex	Date of Birth	US Veteran?	DPSST Fire #
LaVallee, Chad W	M (M/F)	[redacted] (Mandatory)	Yes ☐ No ☒	36828

2. PERSONNEL ACTIVITY

New Employee ☒ *Date:* 1-19-2021 **Background Investigation Completed** *Yes* ☒ *No* ☐	**Resigned** ☐ *Date:*	**Retired** ☐ *Date:*	**Deceased** ☐ *Date:*
Leave of Absence ☐ *Date:*	**Lay Off** ☐ *Date:*	**Failed Probation** ☐ *Date:*	**Discharged – Performance** ☐ *Date:* **Discharged – Behavior** ☐ *Date:*
Other or Name Change ☐ *Date:* *Explanation:*			

3. FIRE SERVICE AGENCY CHANGES ONLY

Agency Mailing Address		City	Zip
Agency Phone	Fax	Email	

Chief		Chief Contact Phone	Cell
Effective Date	Fax	Email	

Training Officer		T.O. Contact Phone	Cell
Effective Date	Fax	Email	

Authorized Signer		Contact Phone	Cell
Effective Date	Fax	Email	

Remove a Chief, Training Officer, or Authorized Signer:	Effective Date:

As an authorized signer I have reviewed this form for completeness and accuracy. I understand that falsification of this document makes my certifications subject to denial or revocation under ORS 181A.640 and OAR 259-009-0070. OAR 259-009-0010, requires fire agencies to submit this information to DPSST within thirty (30) business days after employment or change in employment status. **If this form is not filled out completely, it will be returned unprocessed.**

Signature: _____ (Signature of Agency Head or Designee) **Printed Name:** Laura Harris ✓ 5-12-2021 **Date**

RECEIVED MAY 18 2021

Department of Public Safety
Standards and Training
Fire Standards and Certification
4190 Aumsville Hwy SE
Salem, OR 97317
Phone: 503-378-2100
Fax: 503-378-4600

NFPA FIRE OFFICER

NFPA Standard No. 1021, Edition of 2014
Application for Certification
(Revised 08/2016)

DPSST Office Use Only
LEDS Check: BB OK
OECI Check: BB OK
Levels: FOI
Date: 4/28/21
Reviewer Initials: BB

Name: LaVallee (Last) Chad (First) W (MI) ✓ **DPSST Fire #:** 36525 ✓
Applicant's Fire Agency: Alfalfa Fire District ✓ **Date of Birth:** [redacted]
Social Security #*: [redacted] (Required)

*You are required to provide your Social Security Number (SSN) to DPSST. The authority for this requirement is ORS 25.785 and ORS 305.385, 42 USC 405(c)(2)(C)(i), 42 USC 666(a)(13). Your SSN will only be used for child support enforcement and tax purposes. Failure to provide your SSN will be basis to refuse issuance of a certificate.

In the "Training Completed" column record all applicable DPSST certified course number(s), college/university course number(s), or the fire agency where training was completed. ***PROVIDE COPIES OF ALL DOCUMENTATION AS PROOF OF COURSE COMPLETION IF IT IS NOT REFLECTED IN SNAPSHOT.*** For all out-of-state college/university courses, provide course descriptions for evaluation. In the "Date" column record the date the training was completed. **Failure to complete this application in its entirety will result in the application being returned.**

NFPA FIRE OFFICER I		TRAINING COMPLETED	DATE
4.1	General Requirements	*Refer to check off boxes below.*	N/A
4.2	Human Resource Management	In House	17April21
4.3	Community & Government Relations		
4.4	Administration		
4.5	Inspection & Investigation		
4.6	Emergency Service Delivery		
4.7	Health & Safety		

Refer to Fire Officer Suggested Course Guide for more information.

- **Is Applicant certified as NFPA Fire Fighter II?** ☑ **Yes** ☐ **No**
- **Is Applicant certified as NFPA Fire Instructor I?** ☑ **Yes** ☐ **No**
- **Has Applicant completed the Fire Officer I Task Book?** ☐ **Yes** ☑ **No**
  OR--The date Applicant completed the Task Performance Evaluation: 17April21

NFPA FIRE OFFICER II		TRAINING COMPLETED	DATE
5.1	General Requirements	*Refer to check off boxes below.*	N/A
5.2	Human Resource Management		
5.3	Community & Government Relations		
5.4	Administration		
5.5	Inspection & Investigation		
5.6	Emergency Service Delivery		
5.7	Health & Safety		

Refer to Fire Officer Suggested Course Guide for more information.

- **Is Applicant certified as NFPA Fire Officer I?** ☐ **Yes** ☐ **No**
- **Has Applicant completed the Fire Officer II Task Book?** ☐ **Yes** ☐ **No**
  OR--The date Applicant completed the Task Performance Evaluation: _____

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NFPA FIRE OFFICER III		TRAINING COMPLETED	DATE
6.1	General Requirements	*Refer to check off boxes below.*	N/A
6.2	Human Resource Management		
6.3	Community & Government Relations		
6.4	Administration		
6.5	Inspection & Investigation		
6.6	Emergency Service Delivery		
6.7	Health & Safety		
6.8	Emergency Management		

Refer to Fire Officer Suggested Course Guide for more information.

- **Is Applicant certified as NFPA Fire Officer II?** ☐ **Yes** ☐ **No**
- **Has Applicant completed the NFPA Fire Officer III Task Book?** ☐ **Yes** ☐ **No**
  OR--The date Applicant completed the Task Performance Evaluation: _____

NFPA FIRE OFFICER IV		TRAINING COMPLETED	DATE
7.1	General Requirements	*Refer to check off boxes below.*	N/A
7.2	Human Resource Management		
7.3	Community & Government Relations		
7.4	Administration		
7.5	Inspection & Investigation	No additional job performance requirements at this level.	N/A
7.6	Emergency Service Delivery		
7.7	Health & Safety		

Refer to Fire Officer Suggested Course Guide for more information.

- **Is Applicant certified as NFPA Fire Officer III?** ☐ **Yes** ☐ **No**
- **Has Applicant completed the NFPA Fire Officer IV Task Book?** ☐ **Yes** ☐ **No**
  OR--The date Applicant completed the Task Performance Evaluation: _____

ATTEST: As an authorized signer I have reviewed this form for completeness and accuracy. I understand that falsification of this document makes my certifications subject to denial or revocation under ORS 181A.640 and OAR 259-009-0070.

AS THE APPLICANT: I am aware that a criminal history check will be conducted with submission of this application for certification. I understand that if I have been convicted of a crime(s) I may be subject to denial or revocation of my application or certification(s): ☑ **Yes** ☐ **No**

Signature of Applicant — 4-17-21 ✓ Date

Signature of Agency Head or Designee — Don Willis ✓ Printed name of Agency Head or Designee — 17 April 21 Date

RECEIVED Apr. 2 1 2021

Agency Use Only
Date 1/28/21
By MH

Department of Public Safety Standards and Training
4190 Aumsville Hwy SE
Salem, OR 97317

MAINTENANCE RE-CERTIFICATION FORM
(MRC-1 REVISED 5/2020)

Name: Last, First, Middle Initial	Date of Birth (Mandatory)	Social Security# (Preferred)	DPSST Fire #
LaVallee , Chad W.	[redacted]		**36828**
Affiliated Fire Agency: Alfalfa Fire District	Inactive Date: ☐ (If inactive, complete a PAF)		

TRAINING RE-CERTIFICATION INFORMATION

Please check the highest levels of certification in which you wish to re-certify.

Listed below are the certifications in our database for this individual.

Active = current certifications

Implied = active and required to obtain higher or additional levels of certification

Lapsed = inactive level of certification *(can be reinstated on this form following the re-certification guidelines)*

- ☒ NFPA Operations Level Responder ***Active***
- ☒ Firefighter Type 2 (FFT2) ***Implied***
- ☒ Firefighter Type 1 (FFT1) ***Active***
- ☒ NFPA Fire Fighter I ***Implied***
- ☒ NFPA Fire Fighter II ***Active***
- ☒ NFPA Fire Instructor I ***Active***

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NOTICE: *If this form is not filled out completely and accurately, it will be returned unprocessed.*
If there are certifications not listed on the above training record or not listed in Snapshot, please complete the appropriate application and apply for certification.

ATTEST: The information contained in this application is true and correct to the best of my knowledge. I understand that a false or misleading statement on this document is subject to penalty under ORS 162.055, et al, and ORS 162.305 and may be cause to deny or revoke a fire service professional certification.

Signature: _____ ***(DO NOT SIGN YOUR OWN FORM)***
(Agency Head or Authorized Representative)

Printed Name: Don Willis ✓ Date: 4 Aug 20

Department of Public Safety
Standards and Training
Fire Standards and Certification
4190 Aumsville Hwy SE
Salem, OR 97317
Phone: 503-378-2100
Fax: 503-378-4600

WILDLAND FIRE OPERATIONS POSITIONS

Application for Certification
(Revised 01/2019)

DPSST Office Use Only
LEDS Check: ☒ OK
OECI Check: ☒ OK
Levels: Engine Boss
Date: 1-29-21
Reviewer Initials: BB

Name: LaValley (Last) Chad (First) W (MI)
DPSST Fire #: 36525
Applicant's Fire Agency: Alfalfa Fire District
Date of Birth: [redacted]
Social Security #*: [redacted] (Required)

*You are required to provide your Social Security Number (SSN) to DPSST. The authority for this requirement is ORS 25.785 and ORS 305.385, 42 USC 405(c)(2)(C)(i), 42 USC 666(a)(13). Your SSN will only be used for child support enforcement and tax purposes. Failure to provide your SSN will be basis to refuse issuance of a certificate.

In the "Training Completed" column record all applicable DPSST certified course number(s), college/university course number(s), or the fire agency where training was completed. ***PROVIDE COPIES OF ALL DOCUMENTATION AS PROOF OF COURSE COMPLETION IF IT IS NOT REFLECTED IN SNAPSHOT.*** For all out-of-state college/university courses, provide course descriptions for evaluation. In the "Date" column record the date the training was completed. **Failure to complete this application in its entirety will result in the application being returned.**

NOTE TO AGENCY: Significant changes in the standard have been made, please review the application in its entirety prior to applying for certification. If you have specific questions, please contact DPSST for assistance.

FIREFIGHTER TYPE 2 (FFT2)	TRAINING COMPLETED	DATE
L-180 Human Factors on the Fireline		
S-130 Firefighter Training		
S-190 Wildland Fire Behavior		

- **Has Applicant completed Introduction to ICS (I-100 or IS100)?** ☐ Yes ☐ No
- **Has Applicant completed NIMS: Introduction (IS700)?** ☐ Yes ☐ No
- **NO TASK BOOK REQUIRED**

FIREFIGHTER TYPE 1 (FFT1)	TRAINING COMPLETED	DATE
S-131 Firefighter Type I		
S-133 Look Up, Look Down, Look Around (leave blank if applicant completed S-131 after October 2016)		

- **Is Applicant certified as a Firefighter Type 2 (FFT2)?** ☐ Yes ☐ No
- **Has Applicant completed Annual Fireline Safety Refresher (RT-130)?** ☐ Yes ☐ No
- **Has Applicant completed the NWCG FFT1 Task Book*?** ☐ Yes ☐ No

ENGINE BOSS, SINGLE RESOURCE (ENGB)	TRAINING COMPLETED	DATE
S-230 Crew Boss (Single Resource)	Alfalfa Fire / Jeff Priest	4-26-2020
S-290 Intermediate Wildland Fire Behavior	NWCG online	12-7-2020

- **Is Applicant certified as a Firefighter Type 1 (FFT1)?** ☒ Yes ☐ No
- **Has Applicant completed Basic Incident Command (I-200 or IS200)?** ☒ Yes ☐ No
- **Has Applicant completed Annual Fireline Safety Refresher (RT-130)?** ☒ Yes ☐ No
- **Has Applicant completed the NWCG Engine Boss, Single Resource (ENGB) Task Book*?** ☒ Yes ☐ No

Note: Refer to PMS 310-1 or the DPSST Wildland Guide to Certification for additional training.

TASK FORCE LEADER (TFLD)	TRAINING COMPLETED	DATE
S-215 Fire Operations in the WUI		
S-330 Task Force/Strike Team Leader		

- **Has Applicant completed "Required Experience" as defined in PMS 310-1?** ☐ **Yes** ☐ **No**
  ***For more information see the NWCG web site at http://www.nwcg.gov/pms/docs/pms310-1.pdf.**
- **Has Applicant completed Intermediate ICS for Expanding Incidents (I-300)?** ☐ **Yes** ☐ **No**
- **Has Applicant completed NRF: Introduction (IS800B)?** ☐ **Yes** ☐ **No**
- **Has Applicant completed Annual Fireline Safety Refresher (RT-130)?** ☐ **Yes** ☐ **No**
- **Has Applicant completed the NWCG Task Force Leader (TFLD) Task Book*?** ☐ **Yes** ☐ **No**

DIVISION/GROUPSUPERVISOR (DIVS)	TRAINING COMPLETED	DATE
S-339 Division/Group Supervisor		
S-390 Intro to Wildland Fire Behavior Calculations		

- **Has Applicant completed "Required Experience" as defined in PMS 310-1? For more information see the NWCG web site at http://www.nwcg.gov/pms/docs/pms310-1.pdf.** ☐ **Yes** ☐ **No**
- **Has Applicant completed Annual Fireline Safety Refresher (RT-130)?** ☐ **Yes** ☐ **No**
- **Has Applicant completed the NWCG Division/Group Supervisor (DIVS) Task Book*?** ☐ **Yes** ☐ **No**

***The National Wildfire Coordinating Group (NWCG) Task Books may be downloaded from the NWCG web site: www.nwcg.gov**

ATTEST: As an authorized signer I have reviewed this form for completeness and accuracy. I understand that falsification of this document makes my certifications subject to denial or revocation under ORS 181A.640 and OAR 259-009-0070.

AS THE APPLICANT: I am aware that a criminal history check will be conducted with submission of this application for certification. I understand that if I have been convicted of a crime(s) I may be subject to denial or revocation of my application or certification(s): ☒ **Yes** ☐ **No**

Signature of Applicant — 12-07-2020 (Date)

Signature of Agency Head or Designee — Don Willis (Printed name of Agency Head or Designee) — 7th Dec 2020 (Date)

This Certificate is Awarded to

Chad LaVallee

For the Successful Completion of

S-231

COURSE NUMBER - COURSE NAME

4/26/2020

COURSE START and END DATES

Jeff Priest

Lead Instructor Name (printed)

Lead Instructor Signature

Alfalfa Fire District

Host Unit

Alfalfa Or

Location (City, State)

NFES 1272 PMS 921-1 (06/07)

This Certificate is Awarded to

Chad LaVallee

For the Successful Completion of

S-290 Intermediate Wildland Fire Behavior

COURSE NUMBER - COURSE NAME

Jan 21st 2021, Completion

COURSE START and END DATES

Jeff Priest

Lead Instructor Name (printed)

Lead Instructor Signature

NATIONAL WILDFIRE COORDINATING GROUP

Fema

Host Unit

Online

Location (City, State)

NFES 1272 PMS 921-1 (06/07)

Department of Public Safety
Standards and Training
Fire Standards and Certification
4190 Aumsville Hwy SE
Salem, OR 97317
Phone: 503-378-2100
Fax: 503-378-4600

NFPA FIRE APPARATUS DRIVER/OPERATOR

NFPA Standard No. 1002, Edition of 2017
Application for Certification
(Revised 01/2018)

DPSST Office Use Only
LEDS Check: ☑ OK
OECI Check: ☑ OK
Levels: Driver + Pumper
Date: 12/3/20
Reviewer Initials: KB

Name: LaValley (Last) Chad (First) W (MI)
DPSST Fire #: 36929 ✓
Date of Birth: [redacted] ✓
Applicant's Fire Agency: Alfalfa Fire District
Social Security #*: [redacted] ✓ (Required)

*You are required to provide your Social Security Number (SSN) to DPSST. The authority for this requirement is ORS 25.785 and ORS 305.385, 42 USC 405(c)(2)(C)(i), 42 USC 666(a)(13). Your SSN will only be used for child support enforcement and tax purposes. Failure to provide your SSN will be basis to refuse issuance of a certificate.

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NFPA Fire Apparatus Driver/Operator (Driver)		TRAINING COMPLETED	DATE
4.2	Preventive Maintenance	Alfalfa Fire Dept.	2-17-20
4.3	Driving/Operating	Redmond Training Center	11-23-19
4.4	Fire Department Communications	Redmond Training Center	11-22-19

- **Is the Applicant licensed to drive all vehicles they are expected to operate?** ☒ Yes ☐ No
- **Has Applicant completed the NFPA Fire Apparatus Driver/Operator Task Book?** ☐ Yes ☒ No
  -OR-The date Applicant completed the Task Performance Evaluation: 17 Feb 2020

NFPA Apparatus Equipped with Fire Pump (Pumper)		TRAINING COMPLETED	DATE
5.1	General	Redmond Training Center	11-19
5.2	Operations	Redmond Training Center	

- **Is Applicant certified as NFPA Fire Apparatus Driver/Operator?** ☒ Yes ☐ No
- **Has Applicant completed the NFPA Apparatus Equipped with Fire Pump Task Book?** ☐ Yes ☒ No
  -OR-The date Applicant completed the Task Performance Evaluation: 9 March 20

NFPA Apparatus Equipped with an Aerial Device (Aerial)		TRAINING COMPLETED	DATE
6.1	General		
6.2	Operations		

- **Is Applicant certified as NFPA Fire Apparatus Driver/Operator?** ☐ Yes ☐ No
- **Is Applicant certified as NFPA Fire Fighter I?** ☐ Yes ☐ No
- **Has Applicant completed the NFPA Apparatus Equipped with an Aerial Device Task Book?** ☐ Yes ☐ No
  -OR-The date Applicant completed the Task Performance Evaluation:

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NFPA Apparatus Equipped with a Tiller (Tiller)		TRAINING COMPLETED	DATE
7.2	Operations		

- **Is Applicant certified as NFPA Apparatus Equipped with an Aerial Device?** ☐ Yes ☐ No
- **Is Applicant certified as NFPA Fire Fighter I?** ☐ Yes ☐ No
- **Has Applicant completed the NFPA Apparatus Equipped with a Tiller Task Book?** ☐ Yes ☐ No
  -OR-The date Applicant completed the Task Performance Evaluation: _____

NFPA Wildland Fire Apparatus		TRAINING COMPLETED	DATE
8.1	General		
8.2	Operations		

- **Is Applicant certified as NFPA Fire Apparatus Driver/Operator?** ☐ Yes ☐ No
- **Has Applicant completed the NFPA Wildland Fire Apparatus Task Book?** ☐ Yes ☐ No
  -OR-The date Applicant completed the Task Performance Evaluation: _____

NFPA Aircraft Rescue and Fire-Fighting Apparatus		TRAINING COMPLETED	DATE
9.1	General		
9.2	Operations		

- **Is Applicant certified as NFPA Fire Apparatus Driver/Operator?** ☐ Yes ☐ No
- **Is Applicant certified as NFPA Fire Fighter II?** ☐ Yes ☐ No
- **Is Applicant certified as NFPA Airport Fire Fighter (NFPA 1003)?** ☐ Yes ☐ No
- **Has Applicant completed the NFPA Aircraft Rescue and Fire-Fighting Apparatus Task Book?** ☐ Yes ☐ No
  -OR-The date Applicant completed the Task Performance Evaluation: _____

NFPA Mobile Water Supply Apparatus		TRAINING COMPLETED	DATE
10.1	General		
10.2	Operations		

- **Is Applicant certified as NFPA Fire Apparatus Driver/Operator?** ☐ Yes ☐ No
- **Has Applicant completed the NFPA Mobile Water Supply Apparatus Task Book?** ☐ Yes ☐ No
  -OR-The date Applicant completed the Task Performance Evaluation: _____

ATTEST: As an authorized signer I have reviewed this form for completeness and accuracy. I understand that falsification of this document makes my certifications subject to denial or revocation under ORS 181A.640 and OAR 259-009-0070.

AS THE APPLICANT: I am aware that a criminal history check will be conducted with submission of this application for certification. I understand that if I have been convicted of a crime(s) I may be subject to denial or revocation of my application or certification(s): ☑ Yes ☐ No

Signature of Applicant — 06-03-2020 Date — ✓

Signature of Agency Head or Designee — Don Willis Printed name of Agency Head or Designee — 3 Aug 20 Date

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Department of Public Safety
Standards and Training
Fire Standards and Certification
4190 Aumsville Hwy SE
Salem, OR 97317
Phone: 503-378-2100
Fax: 503-378-4600

WILDLAND FIRE OPERATIONS POSITIONS

Application for Certification
(Revised 08/2016)

DPSST Office Use Only
LEDS Check: ☒ OK
OECI Check: ☒ OK
Levels: FFT1
Date: 10/17/18
Reviewer Initials: KB

Name: LaVallee (Last) Chad (First) W (MI)
DPSST Fire #: 36826
Date of Birth: [redacted]
Applicant's Fire Agency: Alfalfa Fire District
Social Security #*: [redacted] (Required)

*You are required to provide your Social Security Number (SSN) to DPSST. The authority for this requirement is ORS 25.785 and ORS 305.385, 42 USC 405(c)(2)(C)(i), 42 USC 666(a)(13). Your SSN will only be used for child support enforcement and tax purposes. Failure to provide your SSN will be basis to refuse issuance of a certificate.

In the "Training Completed" column record all applicable DPSST certified course number(s), college/university course number(s), or the fire agency where training was completed. ***PROVIDE COPIES OF ALL DOCUMENTATION AS PROOF OF COURSE COMPLETION IF IT IS NOT REFLECTED IN SNAPSHOT.*** For all out-of-state college/university courses, provide course descriptions for evaluation. In the "Date" column record the date the training was completed. **Failure to complete this application in its entirety will result in the application being returned.**

NOTE TO AGENCY: Significant changes in the standard have been made, please review the application in its entirety prior to applying for certification. If you have specific questions, please contact DPSST for assistance.

FIREFIGHTER TYPE 2 (FFT2)	TRAINING COMPLETED	DATE
L-180 Human Factors on the Fireline		
S-130 Firefighter Training		
S-190 Wildland Fire Behavior		

- **Has Applicant completed Introduction to ICS (I-100 or IS100)?** ☐ Yes ☐ No
- **Has Applicant completed NIMS: Introduction (IS700)?** ☐ Yes ☐ No
- **NO TASK BOOK REQUIRED**

FIREFIGHTER TYPE 1 (FFT1)	TRAINING COMPLETED	DATE
S-131 Firefighter Type I	In house + Task Book on file	8-15-18
S-133 Look Up, Look Down, Look Around	Alfalfa Fire-Blm	7-15-17

- **Is Applicant certified as Firefighter Type 2 (FFT2)?** ☒ Yes ☐ No
- **Has Applicant completed Annual Fireline Safety Refresher (RT-130)?** ☒ Yes ☐ No
- **Has Applicant completed the NWCG FFT1 Task Book*?** ☒ Yes ☐ No

SINGLE RESOURCE, ENGINE BOSS (ENGB)	TRAINING COMPLETED	DATE
S-230 Crew Boss (Single Resource)		
S-290 Intermediate Wildland Fire Behavior		

- **Is Applicant certified as Firefighter Type 1 (FFT1)?** ☐ Yes ☐ No
- **Has Applicant completed Basic Incident Command (I-200 or IS200)?** ☐ Yes ☐ No
- **Has Applicant completed Annual Fireline Safety Refresher (RT-130)?** ☐ Yes ☐ No
- **Has Applicant completed the NWCG Single Resource, Engine Boss (ENGB) Task Book*?** ☐ Yes ☐ No

Note: Refer to PMS 310-1 or the DPSST Wildland Guide to Certification for additional training.

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SINGLE RESOURCE, CREW BOSS (CRWB)	TRAINING COMPLETED	DATE
S-230 Crew Boss (Single Resource)		
S-290 Intermediate Wildland Fire Behavior		

- **Is Applicant certified as Firefighter Type 1 (FFT1)?** ☐ **Yes** ☐ **No**
- **Has Applicant completed Basic Incident Command (I-200 or IS200)?** ☐ **Yes** ☐ **No**
- **Has Applicant completed Annual Fireline Safety Refresher (RT-130)?** ☐ **Yes** ☐ **No**
- **Has Applicant completed the NWCG Single Resource, Crew Boss (CRWB) Task Book*?** ☐ **Yes** ☐ **No**

Note: Refer to PMS 310-1 or the DPSST Wildland Guide to Certification for additional training.

SINGLE RESOURCE, HEAVY EQUIPMENT BOSS (HEQB)	TRAINING COMPLETED	DATE
S-230 Crew Boss (Single Resource)		
S-290 Intermediate Wildland Fire Behavior		

- **Is Applicant certified as Firefighter Type 1 (FFT1)?** ☐ **Yes** ☐ **No**
- **Has Applicant completed Basic Incident Command (I-200 or IS200)?** ☐ **Yes** ☐ **No**
- **Has Applicant completed Annual Fireline Safety Refresher (RT-130)?** ☐ **Yes** ☐ **No**
- **Has Applicant completed the NWCG Single Resource, Heavy Equipment Boss (HEQB) Task Book*?** ☐ **Yes** ☐ **No**

Note: Refer to PMS 310-1 or the DPSST Wildland Guide to Certification for additional training.

SINGLE RESOURCE, FELLING BOSS (FELB)	TRAINING COMPLETED	DATE
S-230 Crew Boss (Single Resource)		
S-290 Intermediate Wildland Fire Behavior		

- **Is Applicant certified as Firefighter Type 1 (FFT1)?** ☐ **Yes** ☐ **No**
- **Has Applicant completed Basic Incident Command (I-200 or IS200)?** ☐ **Yes** ☐ **No**
- **Has Applicant completed Annual Fireline Safety Refresher (RT-130)?** ☐ **Yes** ☐ **No**
- **Has Applicant completed the NWCG Single Resource, Felling Boss (FELB) Task Book*?** ☐ **Yes** ☐ **No**

Note: Refer to PMS 310-1 or the DPSST Wildland Guide to Certification for additional training.

SINGLE RESOURCE, FIRING BOSS (FIRB)	TRAINING COMPLETED	DATE
S-230 Crew Boss (Single Resource)		
S-290 Intermediate Wildland Fire Behavior		

- **Is Applicant certified as Firefighter Type 1 (FFT1)?** ☐ **Yes** ☐ **No**
- **Has Applicant completed Basic Incident Command (I-200 or IS200)?** ☐ **Yes** ☐ **No**
- **Has Applicant completed Annual Fireline Safety Refresher (RT-130)?** ☐ **Yes** ☐ **No**
- **Has Applicant completed the NWCG Single Resource, Firing Boss (FIRB) Task Book*?** ☐ **Yes** ☐ **No**

Note: Refer to PMS 310-1 or the DPSST Wildland Guide to Certification for additional training.

STRIKE TEAM LEADER ENGINE (STEN)	TRAINING COMPLETED	DATE
S-215 Fire Operations in the WUI		
S-330 Task Force/Strike Team Leader		

- **Is Applicant certified as Single Resource, Engine Boss (ENGB)?** ☐ **Yes** ☐ **No**
- **Has Applicant completed Intermediate ICS for Expanding Incidents (I-300)?** ☐ **Yes** ☐ **No**
- **Has Applicant completed NRF: Introduction (IS800B)?** ☐ **Yes** ☐ **No**
- **Has Applicant completed Annual Fireline Safety Refresher (RT-130)?** ☐ **Yes** ☐ **No**
- **Has Applicant completed the NWCG Strike Team Leader Engine (STEN) Task Book*?** ☐ **Yes** ☐ **No**

TASK FORCE LEADER (TFLD)	TRAINING COMPLETED	DATE
S-215 Fire Operations in the WUI		
S-330 Task Force/Strike Team Leader		

- **Has Applicant completed "Required Experience" as defined in PMS 310-1?** ☐ **Yes** ☐ **No**
  ***For more information see the NWCG web site at** http://www.nwcg.gov/pms/docs/pms310-1.pdf.
- **Has Applicant completed Intermediate ICS for Expanding Incidents (I-300)?** ☐ **Yes** ☐ **No**
- **Has Applicant completed NRF: Introduction (IS800B)?** ☐ **Yes** ☐ **No**
- **Has Applicant completed Annual Fireline Safety Refresher (RT-130)?** ☐ **Yes** ☐ **No**
- **Has Applicant completed the NWCG Task Force Leader (TFLD) Task Book*?** ☐ **Yes** ☐ **No**

DIVISION/GROUPSUPERVISOR (DIVS)	TRAINING COMPLETED	DATE
S-339 Division/Group Supervisor		
S-390 Intro to Wildland Fire Behavior Calculations		

- **Has Applicant completed "Required Experience" as defined in PMS 310-1? For more information see the NWCG web site at** http://www.nwcg.gov/pms/docs/pms310-1.pdf. ☐ **Yes** ☐ **No**
- **Has Applicant completed Annual Fireline Safety Refresher (RT-130)?** ☐ **Yes** ☐ **No**
- **Has Applicant completed the NWCG Division/Group Supervisor (DIVS) Task Book*?** ☐ **Yes** ☐ **No**

***The National Wildfire Coordinating Group (NWCG) Task Books may be downloaded from the NWCG web site:** www.nwcg.gov

ATTEST: As an authorized signer I have reviewed this form for completeness and accuracy. I understand that falsification of this document makes my certifications subject to denial or revocation under ORS 181A.640 and OAR 259-009-0070.

AS THE APPLICANT: I am aware that a criminal history check will be conducted with submission of this application for certification. I understand that if I have been convicted of a crime(s) I may be subject to denial or revocation of my application or certification(s): ☑ **Yes** ☐ **No**

Signature of Applicant — 8-29-18 (Date)

Signature of Agency Head or Designee — Don Willis ✓ (Printed name of Agency Head or Designee) — 2oct18 (Date)

RECEIVED
OCT 09 2018

Department of Public Safety
Standards and Training
Fire Standards and Certification
4190 Aumsville Hwy SE
Salem, OR 97317
Phone: 503-378-2100
Fax: 503-378-4600

NFPA FIRE FIGHTER

NFPA Standard No. 1001, Edition of 2013
Application for Certification
(Revised 08/2016)

DPSST Office Use Only
LEDS Check: KB OK
OECI Check: KB OK
Levels: FF II
Date: 8/2/18
Reviewer Initials: KB

Name: Laliberte (Last) Chad (First) W (MI)
DPSST Fire #: 36828
Date of Birth: [redacted]
Applicant's Fire Agency: Alfalfa Fire District
Social Security #*: [redacted] (Required)

*You are required to provide your Social Security Number (SSN) to DPSST. The authority for this requirement is ORS 25.785 and ORS 305.385, 42 USC 405(c)(2)(C)(i), 42 USC 666(a)(13). Your SSN will only be used for child support enforcement and tax purposes. Failure to provide your SSN will be basis to refuse issuance of a certificate.

In the "Training Completed" column record all applicable DPSST certified course number(s), college/university course number(s), or the fire agency where training was completed. ***PROVIDE COPIES OF ALL DOCUMENTATION AS PROOF OF COURSE COMPLETION IF IT IS NOT REFLECTED IN SNAPSHOT.*** For all out-of-state college/university courses, provide course descriptions for evaluation. In the "Date" column record the date the training was completed. **Failure to complete this application in its entirety will result in the application being returned.**

NFPA FIRE FIGHTER I		TRAINING COMPLETED	DATE
5.1	**General**		
	Core Competencies for Operations Level Responders, and Section 6.6, Mission-Specific Competencies: Product Control, of NFPA 472, Standard for Competence of Responders to Hazardous Materials/Weapons of Mass Destruction Incidents		
	Fire Department Orientation		
	Personal Protective Equipment (PPE)		
5.2	**Fire Department Communications**		
5.3	**Fireground Operations**		
	Safety		
	Fire Behavior		
	Building Construction		
	Self-Contained Breathing Apparatus (SCBA)		
	Portable Extinguishers		
	Ropes & Knots		
	Search & Rescue		
	Forcible Entry Tools		
	Forcible Entry Construction (Structure)		
	Ladders		
	Ventilation		
	Water Supply		
	Hoses (Coupling, Loading & Rolling)		
	Hoses (Laying, Carrying & Advancing)		
	Fire Streams		
	Fire Control		
	Sprinklers		
	Salvage & Overhaul		
5.4	**Rescue Operations**	N/A	
5.5	**Preparedness and Maintenance**	Complete per AHJ (No class required)	

Application requirements are continued on the next page

- **Is Applicant's CPR Card and First Aid Card current** *(NFPA 1001 Chapter 4 - 4.3)*? ☐ Yes ☐ No
- **Has Applicant completed the Fire Fighter I Task Book?** ☐ Yes ☐ No
  OR--The date Applicant completed the Task Performance Evaluation: _____
- **Does Applicant possess** *6-months of experience prior* **to applying for certification as determined by the AHJ?** ☐ Yes ☐ No

NFPA FIRE FIGHTER II		TRAINING COMPLETED	DATE
6.1	**General**		
	Implementing IMS		1-11-18
6.2	**Fire Department Communications**		2-3-18
6.3	**Fireground Operations**		
	Construction Materials & Building Collapse		1-15-18
	Hydrant Flow & Operability		1-15-19
	Hose Tools & Appliances		1-5-18
	Ignitable Liquid & Flammable Gas Control		4-26-19
	Foam Fire Streams		4-29-18
	Fire Cause & Origin		3-28-18
6.4	**Rescue Operations**		
	Rescue & Extrication Tools		6-4-18
	Vehicle Extrication & Special Rescue		6-16-18
6.5	**Fire and Life Safety Initiatives, Preparedness and Maintenance**		
	Fire Detection, Alarm & Suppression Systems	Records on File Dept	3/5/18
	Pre-Incident Survey		3-16-18
	Fire Prevention/Public Education		4-22-18

- **Is Applicant certified as NFPA 1001 Fire Fighter I?** ☒ Yes ☐ No
- **Has Applicant completed the Fire Fighter II Task Book?** ☒ Yes ☐ No
  OR--The date Applicant completed the Task Performance Evaluation: _____
- **Does Applicant possess one-year of experience** *prior* **to applying for certification as determined by the AHJ?** ☒ Yes ☐ No

ATTEST: As an authorized signer I have reviewed this form for completeness and accuracy. I understand that falsification of this document makes my certifications subject to denial or revocation under ORS 181A.640 and OAR 259-009-0070.

AS THE APPLICANT: I am aware that a criminal history check will be conducted with submission of this application for certification. I understand that if I have been convicted of a crime(s) I may be subject to denial or revocation of my application or certification(s): ☒ Yes ☐ No

Signature of Applicant — 6-20-18 Date

Signature of Agency Head or Designee — Don Wills Printed name of Agency Head or Designee — 25 June 18 Date

State of Oregon
Department of Public Safety Standards and Training

NFPA Fire Fighter II
Task Book

Task Book Assigned To:

Chad LaVallee Name	36428 DPSST Fire Service #
Alfalfa Fire District Department Name	1-25-18 Date Initiated
 Signature of Department Head or Training Officer	25 June 18 Date Completed

Oregon Department of Public Safety Standards and Training
4190 Aumsville Hwy
Salem, Oregon 97317
(503) 378-2100

Additional copies of this document may be downloaded from the DPSST web site:
http://www.oregon.gov/DPSST/index.shtml

Revised
March 2014

Oregon
Kate Brown, Governor

Department of Public Safety Standards and Training
4190 Aumsville Hwy SE
Salem, OR 97317-8983
503-378-2100
http://www.dpsst.state.or.us

July 25, 2018

DPSST Fire # 36828

Chad W. LaVallee
Alfalfa Fire District
25889 Alfalfa Market Road
Bend, OR 97701-9330

Dear Chad:

The Department of Public Safety Standards and Training (DPSST) at the request of the Oregon Fire Service, has implemented the Maintenance Re-Certification Training requirements as noted in Oregon Administrative Rule 259-009-0065. This letter is to inform you that DPSST has completed processing your maintenance re-certification records. Your DPSST record now reflects the following:

Certifications	Status	Status Date	Exp. Date
NFPA Operations Level Responder	Active	1-01-2019	12-31-2020
Firefighter Type 2 (FFT2)	Active	1-01-2019	12-31-2020
NFPA Fire Fighter I	Active	1-01-2019	12-31-2020
NFPA Fire Instructor I	Active	1-01-2019	12-31-2020

Please note we have addressed Active, Implied and Lapsed levels of certification. Active certification is defined as your highest level of certification in which you have completed the required maintenance training. Implied certification is defined as a level of certification you had to obtain prior to receiving a higher level of certification. Lapsed certification is defined as an inactive level of certification in which required maintenance training was not completed.

This letter will act as your official record and should be placed in your training file. If you have any discrepancy with this record, please speak to your Training Officer or Fire Chief prior to contacting DPSST. If you have any questions, please contact me at (503) 378-2254.

Sincerely,

Tina Diehl

Tina Diehl
Fire Certification Specialist

Agency Use Only	
Date	1-24-18
By	JRL

Depar[illegible]ent of Public Safety Standards and [illegible]aining
4190 Aumsville Hwy SE
Salem, OR 97317

MAINTENANCE RE-CERTIFICATION FORM
(MRC-1 REVISED 5/18)

Name: Last, First, Middle Initial	Date of Birth	DPSST Fire #
LaVallee , Chad W.	[redacted] (Mandatory)	**36828**

Affiliated Fire Agency	Inactive ☐ (If inactive, complete a PAF)
Alfalfa Fire District	Date:

TRAINING RE-CERTIFICATION INFORMATION

Please check the highest levels of certification in which you wish to re-certify.

Listed below are the certifications in our database for this individual.

Active = current certifications

Implied = active and required to obtain higher or additional levels of certification

Lapsed = inactive level of certification *(can be reinstated on this form following the re-certification guidelines)*

- ☒ NFPA Fire Instructor I ***Active*** ✓
- ☒ NFPA Operations Level Responder ***Active*** ✓
- ☒ NFPA Fire Fighter I ***Active*** ✓

NOTICE: *If this form is not filled out completely and accurately, it will be returned unprocessed.*

If there are certifications not listed on the above training record or not listed in Snapshot, please complete the appropriate application and apply for certification.

ATTEST: The information contained in this application is true and correct to the best of my knowledge. I understand that a false or misleading statement on this document is subject to penalty under ORS 162.055, et al, and ORS 162.305 and may be cause to deny or revoke a fire service professional certification.

Signature: _____ ***(DO NOT SIGN YOUR OWN FORM)***
(Agency Head or Authorized Representative)

Printed Name: Don Willis Date: 6-6-18

PAF

DPSST Office Use Only
DPSST Fire Service # 36828
Date 6-21-18
By

Department of Public Safety Standards and Training
4190 Aumsville Hwy SE
Salem, OR 97317
Phone: 503-378-2100
Fax: 503-378-4600

PERSONNEL / AGENCY FORM

(Revised 1/29/18)

Fire Service Agency Name
Alfalfa Fire District

1. PERSONNEL

Name: Last	First	Middle Initial	Sex	Date of Birth	US Veteran?	DPSST Fire #
LaVallee,	Chad	W.	M (M/F)	(Mandatory)	Yes ☐ No ☐	36828

2. PERSONNEL ACTIVITY

New Employee ☐ *Date:* **Background Investigation Completed** *Yes* ☐ *No* ☐	**Resigned** ☐ *Date:*	**Retired** ☐ *Date:*	**Deceased** ☐ *Date:*
Leave of Absence ☐ *Date:*	**Lay Off** ☐ *Date:*	**Failed Probation** ☐ *Date:*	**Discharged – Performance** ☐ *Date:* **Discharged – Behavior** ☐ *Date:*
Other or Name Change ☐ *Date:*	*Explanation:*		

3. FIRE SERVICE AGENCY CHANGES ONLY

Agency Mailing Address		City	Zip
Agency Phone	Fax	Email	

Chief Chad W. LaVallee		Chief Contact Phone	Cell
Effective Date 7/1/18	Fax	Email	

Training Officer		T.O. Contact Phone	Cell
Effective Date	Fax	Email	

Authorized Signer		Contact Phone	Cell
Effective Date	Fax	Email	

Remove a Chief, Training Officer, or Authorized Signer: Ron Thomson	Effective Date: 7-1-18

As an authorized signer I have reviewed this form for completeness and accuracy. I understand that falsification of this document makes my certifications subject to denial or revocation under ORS 181A.640 and OAR 259-009-0070. OAR 259-009-0010, requires fire agencies to submit this information to DPSST within thirty (30) business days after employment or change in employment status. **If this form is not filled out completely, it will be returned unprocessed.**

Signature: Don Willis (Signature of Agency Head or Designee) **Printed Name:** Don Willis **Date** 6/21/18

Department of Public Safety
Standards and Training
Fire Standards and Certification
4190 Aumsville Hwy SE
Salem, OR 97317
Phone: 503-378-2100
Fax: 503-378-4600

WILDLAND FIRE OPERATIONS POSITIONS

Application for Certification
(Revised 08/2016)

DPSST Office Use Only
LEDS Check: KB OK
OECI Check: KD OK
Levels: FFT2
Date: 6/22/18
Reviewer Initials: KB

Name: LaVallee (Last) Chad (First) W (MI)
DPSST Fire #: 316928
Date of Birth: [redacted]
Applicant's Fire Agency: Alfalfa Fire District
Social Security #*: [redacted] (Required)

*You are required to provide your Social Security Number (SSN) to DPSST. The authority for this requirement is ORS 25.785 and ORS 305.385, 42 USC 405(c)(2)(C)(i), 42 USC 666(a)(13). Your SSN will only be used for child support enforcement and tax purposes. Failure to provide your SSN will be basis to refuse issuance of a certificate.

In the "Training Completed" column record all applicable DPSST certified course number(s), college/university course number(s), or the fire agency where training was completed. ***PROVIDE COPIES OF ALL DOCUMENTATION AS PROOF OF COURSE COMPLETION IF IT IS NOT REFLECTED IN SNAPSHOT.*** For all out-of-state college/university courses, provide course descriptions for evaluation. In the "Date" column record the date the training was completed. **Failure to complete this application in its entirety will result in the application being returned.**

NOTE TO AGENCY: Significant changes in the standard have been made, please review the application in its entirety prior to applying for certification. If you have specific questions, please contact DPSST for assistance.

FIREFIGHTER TYPE 2 (FFT2)	TRAINING COMPLETED	DATE
L-180 Human Factors on the Fireline	BLM	5-21-17
S-130 Firefighter Training	alfalfa	5-21-17
S-190 Wildland Fire Behavior		5-21-17

- **Has Applicant completed Introduction to ICS (I-100 or IS100)?** ☒ Yes ☐ No
- **Has Applicant completed NIMS: Introduction (IS700)?** ☒ Yes ☐ No
- **NO TASK BOOK REQUIRED**

FIREFIGHTER TYPE 1 (FFT1)	TRAINING COMPLETED	DATE
S-131 Firefighter Type I		
S-133 Look Up, Look Down, Look Around		

- **Is Applicant certified as Firefighter Type 2 (FFT2)?** ☐ Yes ☐ No
- **Has Applicant completed Annual Fireline Safety Refresher (RT-130)?** ☐ Yes ☐ No
- **Has Applicant completed the NWCG FFT1 Task Book*?** ☐ Yes ☐ No

SINGLE RESOURCE, ENGINE BOSS (ENGB)	TRAINING COMPLETED	DATE
S-230 Crew Boss (Single Resource)		
S-290 Intermediate Wildland Fire Behavior		

- **Is Applicant certified as Firefighter Type 1 (FFT1)?** ☐ Yes ☐ No
- **Has Applicant completed Basic Incident Command (I-200 or IS200)?** ☐ Yes ☐ No
- **Has Applicant completed Annual Fireline Safety Refresher (RT-130)?** ☐ Yes ☐ No
- **Has Applicant completed the NWCG Single Resource, Engine Boss (ENGB) Task Book*?** ☐ Yes ☐ No

Note: Refer to PMS 310-1 or the DPSST Wildland Guide to Certification for additional training.

SINGLE RESOURCE, CREW BOSS (CRWB)	TRAINING COMPLETED	DATE
S-230 Crew Boss (Single Resource)		
S-290 Intermediate Wildland Fire Behavior		

- **Is Applicant certified as Firefighter Type 1 (FFT1)?** ☐ **Yes** ☐ **No**
- **Has Applicant completed Basic Incident Command (I-200 or IS200)?** ☐ **Yes** ☐ **No**
- **Has Applicant completed Annual Fireline Safety Refresher (RT-130)?** ☐ **Yes** ☐ **No**
- **Has Applicant completed the NWCG Single Resource, Crew Boss (CRWB) Task Book*?** ☐ **Yes** ☐ **No**

Note: Refer to PMS 310-1 or the DPSST Wildland Guide to Certification for additional training.

SINGLE RESOURCE, HEAVY EQUIPMENT BOSS (HEQB)	TRAINING COMPLETED	DATE
S-230 Crew Boss (Single Resource)		
S-290 Intermediate Wildland Fire Behavior		

- **Is Applicant certified as Firefighter Type 1 (FFT1)?** ☐ **Yes** ☐ **No**
- **Has Applicant completed Basic Incident Command (I-200 or IS200)?** ☐ **Yes** ☐ **No**
- **Has Applicant completed Annual Fireline Safety Refresher (RT-130)?** ☐ **Yes** ☐ **No**
- **Has Applicant completed the NWCG Single Resource, Heavy Equipment Boss (HEQB) Task Book*?** ☐ **Yes** ☐ **No**

Note: Refer to PMS 310-1 or the DPSST Wildland Guide to Certification for additional training.

SINGLE RESOURCE, FELLING BOSS (FELB)	TRAINING COMPLETED	DATE
S-230 Crew Boss (Single Resource)		
S-290 Intermediate Wildland Fire Behavior		

- **Is Applicant certified as Firefighter Type 1 (FFT1)?** ☐ **Yes** ☐ **No**
- **Has Applicant completed Basic Incident Command (I-200 or IS200)?** ☐ **Yes** ☐ **No**
- **Has Applicant completed Annual Fireline Safety Refresher (RT-130)?** ☐ **Yes** ☐ **No**
- **Has Applicant completed the NWCG Single Resource, Felling Boss (FELB) Task Book*?** ☐ **Yes** ☐ **No**

Note: Refer to PMS 310-1 or the DPSST Wildland Guide to Certification for additional training.

SINGLE RESOURCE, FIRING BOSS (FIRB)	TRAINING COMPLETED	DATE
S-230 Crew Boss (Single Resource)		
S-290 Intermediate Wildland Fire Behavior		

- **Is Applicant certified as Firefighter Type 1 (FFT1)?** ☐ **Yes** ☐ **No**
- **Has Applicant completed Basic Incident Command (I-200 or IS200)?** ☐ **Yes** ☐ **No**
- **Has Applicant completed Annual Fireline Safety Refresher (RT-130)?** ☐ **Yes** ☐ **No**
- **Has Applicant completed the NWCG Single Resource, Firing Boss (FIRB) Task Book*?** ☐ **Yes** ☐ **No**

Note: Refer to PMS 310-1 or the DPSST Wildland Guide to Certification for additional training.

STRIKE TEAM LEADER ENGINE (STEN)	TRAINING COMPLETED	DATE
S-215 Fire Operations in the WUI		
S-330 Task Force/Strike Team Leader		

- **Is Applicant certified as Single Resource, Engine Boss (ENGB)?** ☐ **Yes** ☐ **No**
- **Has Applicant completed Intermediate ICS for Expanding Incidents (I-300)?** ☐ **Yes** ☐ **No**
- **Has Applicant completed NRF: Introduction (IS800B)?** ☐ **Yes** ☐ **No**
- **Has Applicant completed Annual Fireline Safety Refresher (RT-130)?** ☐ **Yes** ☐ **No**
- **Has Applicant completed the NWCG Strike Team Leader Engine (STEN) Task Book*?** ☐ **Yes** ☐ **No**

TASK FORCE LEADER (TFLD)	TRAINING COMPLETED	DATE
S-215 Fire Operations in the WUI		
S-330 Task Force/Strike Team Leader		

- **Has Applicant completed "Required Experience" as defined in PMS 310-1? ☐ Yes ☐ No**
  ***For more information see the NWCG web site at http://www.nwcg.gov/pms/docs/pms310-1.pdf.**
- **Has Applicant completed Intermediate ICS for Expanding Incidents (I-300)? ☐ Yes ☐ No**
- **Has Applicant completed NRF: Introduction (IS800B)? ☐ Yes ☐ No**
- **Has Applicant completed Annual Fireline Safety Refresher (RT-130)? ☐ Yes ☐ No**
- **Has Applicant completed the NWCG Task Force Leader (TFLD) Task Book*? ☐ Yes ☐ No**

DIVISION/GROUPSUPERVISOR (DIVS)	TRAINING COMPLETED	DATE
S-339 Division/Group Supervisor		
S-390 Intro to Wildland Fire Behavior Calculations		

- **Has Applicant completed "Required Experience" as defined in PMS 310-1? For more information see the NWCG web site at http://www.nwcg.gov/pms/docs/pms310-1.pdf. ☐ Yes ☐ No**
- **Has Applicant completed Annual Fireline Safety Refresher (RT-130)? ☐ Yes ☐ No**
- **Has Applicant completed the NWCG Division/Group Supervisor (DIVS) Task Book*? ☐ Yes ☐ No**

***The National Wildfire Coordinating Group (NWCG) Task Books may be downloaded from the NWCG web site: www.nwcg.gov**

ATTEST: As an authorized signer I have reviewed this form for completeness and accuracy. I understand that falsification of this document makes my certifications subject to denial or revocation under ORS 181A.640 and OAR 259-009-0070.

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Signature of Applicant — Date: 6-6-18

Signature of Agency Head or Designee — Printed name of Agency Head or Designee: Don Willis ✓ — Date: 6June 18

This Certificate is Awarded to

CHAD LAVALLEE

For the Successful Completion of

S-130 S-190 L-180

COURSE NUMBER - COURSE NAME

5/20/17-5/21/17

COURSE START and END DATES

TAVIS FENSKE

Lead Instructor Name (printed)

Lead Instructor Signature

NATIONAL WILDFIRE COORDINATING GROUP

BLM

Host Unit

ALFALFA, OR

Location (City, State)

NFES 1272 PMS 921-1 (06/07)

Emergency Management Institute

FEMA

This Certificate of Achievement is to acknowledge that

CHAD W LAVALLEE

has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of the independent study course:

IS-00100.b
Introduction to Incident Command System
ICS-100

Issued this 4th Day of January, 2017

0.3 IACET CEU

Tony Russell
Superintendent
Emergency Management Institute

Emergency Management Institute

FEMA

This Certificate of Achievement is to acknowledge that

CHAD LAVALLEE

has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of the independent study course:

IS-00700.a
National Incident Management System (NIMS)
An Introduction

Issued this 13th Day of April, 2017

0.3 IACET CEU

Tony Russell
Superintendent
Emergency Management Institute

Department of Public Safety
Standards and Training
Fire Standards and Certification
4190 Aumsville Hwy SE
Salem, OR 97317
Phone: 503-378-2100
Fax: 503-378-4600

NFPA FIRE INSTRUCTOR

NFPA Standard No. 1041, Edition of 2012
Application for Certification
(Revised 08/2016)

DPSST Office Use Only
LEDS Check: ☒ OK
OECI Check: ☒ OK
Levels: Instructor I
Date: 3/26/18
Reviewer Initials: RB

Name: LaVallee (Last) Chad (First) W (MI)
DPSST Fire #: 36828
Applicant's Fire Agency: Alfalfa Fire District
Date of Birth: [redacted]
Social Security #*: [redacted] (Required)

*You are required to provide your Social Security Number (SSN) to DPSST. The authority for this requirement is ORS 25.785 and ORS 305.385, 42 USC 405(c)(2)(C)(i), 42 USC 666(a)(13). Your SSN will only be used for child support enforcement and tax purposes. Failure to provide your SSN will be basis to refuse issuance of a certificate.

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NFPA FIRE INSTRUCTOR I		TRAINING COMPLETED	DATE
4.2	Program Management	Instructor 1 Class, Cloverdale	03/17/2018
4.3	Instructional Development	Instructor 1 Class, Cloverdale	03/17/2018
4.4	Instructional Delivery	Redmond, DPSST Central Region	03/19/2018
4.5	Evaluation and Testing	Redmond, DPSST Central Region	03/19/2018

- **Has Applicant completed the Fire Instructor I Task Book?** ☒ Yes ☐ No

NFPA FIRE INSTRUCTOR II		TRAINING COMPLETED	DATE
5.2	Program Management		
5.3	Instructional Development		
5.4	Instructional Delivery		
5.5	Evaluation and Testing		

- **Is Applicant certified as NFPA Fire Instructor I?** ☐ Yes ☐ No
- **Has Applicant completed the Fire Instructor II Task Book?** ☐ Yes ☐ No

NFPA FIRE INSTRUCTOR III		TRAINING COMPLETED	DATE
6.2	Program Management		
6.3	Instructional Development		
6.4	Instructional Delivery		
6.5	Evaluation and Testing		

- **Is Applicant certified as NFPA Fire Instructor II?** ☐ Yes ☐ No
- **Has Applicant completed the Fire Instructor III Task Book?** ☐ Yes ☐ No

ATTEST: As an authorized signer I have reviewed this form for completeness and accuracy. I understand that falsification of this document makes my certifications subject to denial or revocation under ORS 181A.640 and OAR 259-009-0070.

AS THE APPLICANT: I am aware that a criminal history check will be conducted with submission of this application for certification. I understand that if I have been convicted of a crime(s) I may be subject to denial or revocation of my application or certification(s): ☒ Yes ☐ No

Chad W LaVallee — Signature of Applicant — 03/19/2018 — Date

Don Willis — Signature of Agency Head or Designee — Don Willis — Printed name of Agency Head or Designee — 03/19/2018 — Date

DEPARTMENT OF PUBLIC SAFETY STANDARDS AND TRAINING

Notice of Course Completion and/or Inter-Department Training

NOCC (06/2012)

Name: Chad W LaValle DPSST Fire Service #: 36828

Employing Department: Alfalfa Fire District

Title of Training: **NFPA Fire Instructor I**

Accredited Training Number: **14F031**

Competency Numbers Covered: All

Location of Training: Cloverdale Fire Department

Date(s) of Training: 17 March 18

NOTICE OF COURSE COMPLETION:

This form should be signed by the *instructor* of the certified class and given to the student who is responsible for maintaining this record of his attendance.

Instructor Signature	Donald D. Willis Instructor Name	10588 DPSST Number

Note to the Student:

This is the **only** record of you passing this class so you are responsible for maintaining it.

Department of Public Safety
Standards and Training
Fire Standards and Certification
4190 Aumsville Hwy SE
Salem, OR 97317
Phone: 503-378-2100
Fax: 503-378-4600

NFPA 472
RESPONDERS TO HAZARDOUS MATERIALS/WEAPONS OF MASS DESTRUCTION

NFPA Standard No. 472, Edition of 2008
Application for Certification
(Revised 08/2016)

DPSST Office Use Only
LEDS Check: KB OK
OECI Check: KB OK
Levels: OLR
Date: 2/14/18
Reviewer Initials: KB

Name: LaVallee (Last) Chad (First) W (MI) **DPSST Fire #:** 36828
Applicant's Fire Agency: Alfalfa Fire District **Date of Birth:** [redacted]
Social Security #*: [redacted] (Required)

*You are required to provide your Social Security Number (SSN) to DPSST. The authority for this requirement is ORS 25.785 and ORS 305.385, 42 USC 405(c)(2)(C)(i), 42 USC 666(a)(13). Your SSN will only be used for child support enforcement and tax purposes. Failure to provide your SSN will be basis to refuse issuance of a certificate.

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OPERATIONS LEVEL RESPONDER		TRAINING COMPLETED	DATE
4.1	General – Awareness	Jefferson County Fire	1-20-21/18 CW
5.1	General – Operations	Classroom + TRE	1-20-21/18
5.3	Planning and Response		1-20-21/18

- **Has applicant completed the Operations Level Responder Evaluation Task Sheets?** ☒ **Yes** ☐ **No**

HAZARDOUS MATERIALS INCIDENT COMMANDER		TRAINING COMPLETED	DATE
8.1	General		
8.2	Analyzing the Incident		
8.3	Planning the Response		
8.4	Implementing Planned Response		
8.5	Evaluating Progress		
8.6	Terminating the Incident		

- **Pre-Requisite: Is Applicant certified as an Operations Level Responder?** ☐ **Yes** ☐ **No**
- **Has applicant completed the Hazardous Materials Incident Commander Task Book?** ☐ **Yes** ☐ **No**
  -OR-
- **Has applicant completed the Hazardous Materials Incident Commander Evaluation Task Sheet?** ☐ **Yes** ☐ **No**

HAZARDOUS MATERIALS TECHNICIAN		TRAINING COMPLETED	DATE
7.1	General		
7.2	Analyzing the Incident		
7.3	Planning the Response		
7.4	Implemneting the Planned Response		
7.5	Evaluating Progress		
7.6	Terminating the Incident		

- **Pre-Requisite: Is Applicant certified as an Operations Level Responder?** ☐ **Yes** ☐ **No**
- **Has applicant completed the Hazardous Materials Technician Task Book?** ☐ **Yes** ☐ **No**
  -OR-
- **Has applicant completed the Hazardous Materials Technician Evaluation Task Sheet(s)?** ☐ **Yes** ☐ **No**

SPECIALTY AREAS	TRAINING COMPLETED	DATE
Chapter 12 – Tank Car Specialty		
Chapter 13 – Cargo Tank Specialty		
Chapter 14 – Intermodal Tank Specialty		
Chapter 15 – Marine Tank Vessel Specialty		

- **Pre-Requisite: Is Applicant certified as a Hazardous Materials Technician?** ☐ **Yes** ☐ **No**

HAZARDOUS MATERIALS SAFETY OFFICER		TRAINING COMPLETED	DATE
11.1	General		
11.2	Analyzing the Incident		
11.3	Planning the Response		
11.4	Implemneting the Planned Response		
11.5	Evaluating Progress		

- **Pre-Requisite: Is appliciant certified as a Hazardous Materials Technician?** ☐ **Yes** ☐ **No**
- **Has applicant completed the Hazardous Materials Safety Officer Task Book?** ☐ **Yes** ☐ **No**
  -OR-
- **Has applicant completed the Hazardous Materials Safety Officer Evaluation Task Sheets?** ☐ **Yes** ☐ **No**

ATTEST: As an authorized signer I have reviewed this form for completeness and accuracy. I understand that falsification of this document makes my certifications subject to denial or revocation under ORS 181A.640 and OAR 259-009-0070.

AS THE APPLICANT: I am aware that a criminal history check will be conducted with submission of this application for certification. I understand that if I have been convicted of a crime(s) I may be subject to denial or revocation of my application or certification(s): ☒ **Yes** ☐ **No**

Signature of Applicant — 1-23-18 Date

Signature of Agency Head or Designee — Dan Thompson 1-29-18 Printed name of Agency Head or Designee — Date

Oregon
Tina Kotek, Governor

Department of Public Safety Standards and Training
4190 Aumsville Hwy SE
Salem, OR 97317-8983
503-378-2100
www.oregon.gov/dpsst

June 14, 2023

Chad LaVallee
Alfalfa Fire District
25889 Alfalfa Market Road
Bend, OR 97701-9330

Fire Number: 36828

Dear Chad LaVallee,

DPSST has received your Professional Fire Instructor Certification Application and after review, certification has been given to instruct the following DPSST fire service certified course(s).

Course Number	Course Title	Course Expiration
18F018	NFPA Hazardous Materials Awareness	12/31/2023
18F024	NFPA Hazardous Materials Operations	12/31/2023

Enclosed are your "Master Copies" of the course Roster and Notice of Course Completion. Please read the Guidelines for Success in the Fire Instructor Guide at http://www.oregon.gov/dpsst/FC/docs/Applications/FireInstructorGuide.pdf to ensure that Rosters are fully completed accurately. It is also important to give each student a Notice of Course Completion to be taken to their Agency as their proof of attendance.

This process certifies you to instruct the above certified course(s) until the expiration date. After that date you will need to reapply to instruct these courses.

Sincerely,
Brooke Bell-Uribe

Brooke Bell-Uribe
Fire Certification Coordinator
(503) 569-8260
Brooke.bell-uribe@dpsst.oregon.gov

Oregon
Tina Kotek, Governor

Department of Public Safety Standards and Training
4190 Aumsville Hwy SE
Salem, OR 97317-8983
503-378-2100
http://www.dpsst.state.or.us

June 14, 2023

Dear Mr. LaVallee,

DPSST has received your Professional Fire Instructor Certification Application requesting certification to instruct DPSST fire service certified courses. After reviewing your application, at this time we are **unable** to certify you to instruct the following course(s) for the following reason(s):

Course Number
20F015 20F16

A. ☒ Other: These are DPSST propeitary courses only to be instructed by DPSST trainiers and coordinators. You can teach this as part of the NFPA FFII curriculum using those rosters and NOCCs.

B. ☐ Applicant has already been approved to instruct this course(s) until .

C. ☐ Application must be signed and dated by applicant.

D. ☐ Applicant is not certified as a NFPA Fire Instructor I.

E. ☐ Applicant is not cerified in the level(s) they are requesting to instruct.

F. ☐ Applicant has not provided documentation that they have taken and completed the course(s) they are requesting to instruct.

G. ☐ Please provided a Professional Instructor Resume including experience with the subject.

H. ☐ Please provide written consent to use the curriculum of the listed Provider, .

If you have any questions about this information please contact me at your earliest convenience.

Sincerely,

Brooke Bell-Uribe

Brooke Bell-Uribe
Fire Certification Coordinator
503-569-8260
Brooke.bell-uribe@dpsst.oregon.gov

Reject 20F016, 20F015 - These are DPSST proprietary courses only to be instructed by DPSST trainers?

DPSST Office Use Only	
Approved:	2
Rejected:	2
Date:	6.14.23
By:	BB

Oregon Department of Public Safety Standards and Training

F-9F: Request to Instruct an Approved DPSST Fire Course

Fax: 503-378-4600 Mail: 4190 Aumsville Hwy SE; Salem OR 97317
Questions? Call DPSST at 503-378-2100
Revised November 2020

Coordinators you can teach this at part of the NFPA FF II curriculum using those rosters & NOCCS.

INSTRUCTOR PERSONAL INFORMATION

Last Name	First Name	Middle Inl	Date of Birth	DPSST Fire # (Leave Blank if New)
LaVallee	Chad		[redacted]	36828
Email Address (we'll email you results of your request)			Primary Phone Number	Secondary Phone Number
clavallee@afdist.org			541-382-2333	503-910-6129
Fire Service Agency or Company Name				
Alfalfa Fire District				

COURSE AND QUALIFICATION INFORMATION

1. **Find DPSST's list of approved fire courses here and provide the certified course number(s) you are applying to instruct. You may attach pages with additional course numbers if needed. If the provider on the course list is a fire service agency, you must attach written consent to use their curriculum.**

   18F018,18F024, 20F015, 20F016
   ON OR NO NO

2. **Are you certified as an NFPA Fire Instructor I or an NFPA Fire and Emergency Services Instructor I through DPSST?** Yes ☐ No ☐

   IF YES, move to question 3.

   IF NO, please attach a professional instructor resume then move to question 3.

3. **For structural and prevention courses, are you DPSST certified in the level(s) you are requesting to instruct? For NWCG courses, are you qualified to instruct according to NWCG's Standards for Course Delivery?** Yes ■ No ☐

   IF YES, move to signature section.

   IF NO, for structural and/or prevention courses please attach your experience with the subject(s), professional instructor resume, and/or completion certificates. For NWCG courses, NWCG standards and Oregon Administrative Rule (OAR) require qualification in specified areas. Please apply when you have met the qualifications.

SIGNATURE

As the requestor, I understand that falsification of this document makes my certifications subject to denial or revocation under ORS 181A.640 and OAR 259-009-0120.

Signature of Requester — Date: 06/07/23

RECEIVED JUN 12 2023

Oregon
Tina Kotek, Governor

Department of Public Safety Standards and Training
4190 Aumsville Hwy SE
Salem, OR 97317-8983
503-378-2100
www.oregon.gov/dpsst

March 23, 2023

Chad LaVallee
Alfalfa Fire District
25889 Alfalfa Market Road
Bend, OR 97701-9330

Fire Number: 36828

Dear Chad LaVallee,

DPSST has received your Professional Fire Instructor Certification Application and after review, certification has been given to instruct the following DPSST fire service certified course(s).

Course Number	Course Title	Course Expiration
20F017	NFPA Mobile Water Supply Apparatus	12/31/2025

Enclosed are your "Master Copies" of the course Roster and Notice of Course Completion. Please read the Guidelines for Success in the Fire Instructor Guide at http://www.oregon.gov/dpsst/FC/docs/Applications/FireInstructorGuide.pdf to ensure that Rosters are fully completed accurately. It is also important to give each student a Notice of Course Completion to be taken to their Agency as their proof of attendance.

This process certifies you to instruct the above certified course(s) until the expiration date. After that date you will need to reapply to instruct these courses.

Sincerely,

Brooke Bell-Uribe

Brooke Bell-Uribe
Brooke.bell-uribe@dpsst.oregon.gov
Fire Certification Coordinator
(503) 378-2254

DPSST Office Use Only	
Approved:	1
Rejected:	0
Date:	3.23.23
By:	BB

Oregon Department of Public Safety Standards and Training

F-9F: Request to Instruct an Approved DPSST Fire Course

Fax: 503-378-4600 Mail: 4190 Aumsville Hwy SE; Salem OR 97317
Questions? Call DPSST at 503-378-2100
Revised November 2020

INSTRUCTOR PERSONAL INFORMATION

Last Name	First Name	Middle Inl	Date of Birth	DPSST Fire # (Leave Blank if New)
LaVallee	Chad		[redacted]	36828
Email Address (we'll email you results of your request)			Primary Phone Number	Secondary Phone Number
clavallee@afdist.org			5413822333	
Fire Service Agency or Company Name				
Alfalfa Fire District				

COURSE AND QUALIFICATION INFORMATION

1. **Find DPSST's list of approved fire courses here and provide the certified course number(s) you are applying to instruct. You may attach pages with additional course numbers if needed. If the provider on the course list is a fire service agency, you must attach written consent to use their curriculum.**

   20F017

2. **Are you certified as an NFPA Fire Instructor I or an NFPA Fire and Emergency Services Instructor I through DPSST?** Yes ☒ No ☐

   IF YES, move to question 3.

   IF NO, please attach a professional instructor resume then move to question 3.

3. **For structural and prevention courses, are you DPSST certified in the level(s) you are requesting to instruct? For NWCG courses, are you qualified to instruct according to NWCG's Standards for Course Delivery?** Yes ☒ No ☐

   IF YES, move to signature section.

   IF NO, for structural and/or prevention courses please attach your experience with the subject(s), professional instructor resume, and/or completion certificates. For NWCG courses, NWCG standards and Oregon Administrative Rule (OAR) require qualification in specified areas. Please apply when you have met the qualifications.

SIGNATURE

As the requestor, I understand that falsification of this document makes my certifications subject to denial or revocation under ORS 181A.640 and OAR 259-009-0120.

Signature of Requester

03/16/2023
Date

RECEIVED MAR 20 2023

Oregon
Tina Kotek, Governor

Department of Public Safety Standards and Training
4190 Aumsville Hwy SE
Salem, OR 97317-8983
503-378-2100
www.oregon.gov/dpsst

March 14, 2023

Chad LaVallee
Alfalfa Fire District
25889 Alfalfa Market Road
Bend, OR 97701-9330

Fire Number: 36828

Dear Chad LaVallee,

DPSST has received your Professional Fire Instructor Certification Application and after review, certification has been given to instruct the following DPSST fire service certified course(s).

Course Number	Course Title	Course Expiration
21F022	NFPA Live Fire Instructor	12/31/2026
21F023	NFPA Live Fire Instructor In Charge	12/31/2026
20F022	NFPA Fire & Emergency Services Instructor II	12/31/2025

Enclosed are your "Master Copies" of the course Roster and Notice of Course Completion. Please read the Guidelines for Success in the Fire Instructor Guide at http://www.oregon.gov/dpsst/FC/docs/Applications/FireInstructorGuide.pdf to ensure that Rosters are fully completed accurately. It is also important to give each student a Notice of Course Completion to be taken to their Agency as their proof of attendance.

This process certifies you to instruct the above certified course(s) until the expiration date. After that date you will need to reapply to instruct these courses.

Sincerely,

Brooke Bell-Uribe

Brooke Bell-Uribe
Brooke.bell-uribe@dpsst.oregon.gov
Fire Certification Coordinator
(503) 378-2254

DPSST Office Use Only	
Approved:	3
Rejected:	0
Date:	3-13-23
By:	BB

Oregon Department of Public Safety Standards and Training

F-9F: Request to Instruct an Approved DPSST Fire Course

Fax: 503-378-4600 Mail: 4190 Aumsville Hwy SE; Salem OR 97317
Questions? Call DPSST at 503-378-2100
Revised November 2020

INSTRUCTOR PERSONAL INFORMATION

Last Name	First Name	Middle Ini	Date of Birth	DPSST Fire # (Leave Blank if New)
LaVallee	Chad		[redacted]	36828
Email Address (we'll email you results of your request)			Primary Phone Number	Secondary Phone Number
clavallee@afdist.org			541-382-2333	
Fire Service Agency or Company Name				
Alfalfa Fire District				

COURSE AND QUALIFICATION INFORMATION

1. **Find DPSST's list of approved fire courses here and provide the certified course number(s) you are applying to instruct. You may attach pages with additional course numbers if needed. If the provider on the course list is a fire service agency, you must attach written consent to use their curriculum.**

   21F022, 21F023, 20F022

2. **Are you certified as an NFPA Fire Instructor I or an NFPA Fire and Emergency Services Instructor I through DPSST?** Yes ☒ No ☐

   IF YES, move to question 3.

   IF NO, please attach a professional instructor resume then move to question 3.

3. **For structural and prevention courses, are you DPSST certified in the level(s) you are requesting to instruct? For NWCG courses, are you qualified to instruct according to NWCG's Standards for Course Delivery?** Yes ☒ No ☐

   IF YES, move to signature section.

   IF NO, for structural and/or prevention courses please attach your experience with the subject(s), professional instructor resume, and/or completion certificates. For NWCG courses, NWCG standards and Oregon Administrative Rule (OAR) require qualification in specified areas. Please apply when you have met the qualifications.

SIGNATURE

As the requestor, I understand that falsification of this document makes my certifications subject to denial or revocation under ~~ORS 181A~~.640 and OAR 259-009-0120.

Chad LaVallee — Signature of Requester

03/07/2023 — Date

Oregon
Kate Brown, Governor

Department of Public Safety Standards and Training
4190 Aumsville Hwy SE
Salem, OR 97317-8983
503-378-2100
http://www.dpsst.state.or.us

February 5, 2020

Chad W. LaVallee
Alfalfa Fire District
25889 Alfalfa Market Rd.
Bend, OR 97701

Fire Number: 36828

Dear Mr. LaVallee,

DPSST has received your Professional Fire Instructor Certification Application and after review, certification has been given to instruct the following DPSST fire service certified course(s).

Course Number	Course Title	Course Expiration
17F010	Entry Level FF	12/31/2022
17F033	NFPA FFII - Academy	12/31/2022
18F015	Vehicle Fire Safety (Classroom)	12/31/2023
18F016	Vehicle Fire Safety (Hands-On)	12/31/2023
18F027	Fire Fighter Safety: Mayday, Mayday - Classroom	12/31/2023
18F028	Fire Fighter Safety: Mayday, Mayday - Hands-On	12/31/2023
20F015	Flammable Liquids and Gas with Props (Hands-On)	12/31/2025
20F016	Flammable Liquids and Gas (Classroom Only)	12/31/2025
20F021	NFPA Fire & Emergency Services Instructor I	12/31/2025

Enclosed are your "Master Copies" of the course Roster and Notice of Course Completion. Please read the Guidelines for Success in the Fire Instructor Guide at http://www.oregon.gov/dpsst/FC/docs/Applications/FireInstructorGuide.pdf to ensure that Rosters are fully completed accurately. It is also important to give each student a Notice of Course Completion to be taken to their Agency as their proof of attendance.

This process certifies you to instruct the above certified course(s) until the expiration date. After that date you will need to reapply to instruct these courses.

Sincerely,

Kayla Ballrot

Kayla Ballrot
Fire Certification Coordinator
(503) 378-2596

DPSST Use Only
LEDS Check: KB OK
OECI Check: BB OK
Approved: YES
Rejected:
Date: 1/13/20
By: KB

OREGON DEPARTMENT OF PUBLIC SAFETY STANDARDS AND TRAINING

Professional Fire Instructor Certification Application to Instruct an Approved DPSST Course

(Revised 08/2016)

F-9F

Failure to complete ALL fields *WILL* result in the rejection of this application. It will be mailed back to you with a letter of explanation.

LaVallee Chad W
Last Name, First Name, M.I.

[redacted]
Social Security Number*
(Mandatory)

[redacted]
DOB

M
Gender (M/F)

*You are required to provide your Social Security Number (SSN) to DPSST. The authority for this requirement is ORS 25.785 and ORS 305.385, 42 USC 405(c)(2)(C)(i), 42 USC 666(a)(13). Your SSN will only be used for child support enforcement and tax purposes. Failure to provide your SSN will be basis to reject your application.

Alfalfa Fire District
Agency or Company Name

36828
DPSST Fire Number

25889 Alfalfa Market Rd
Applicant Mailing Address

Bend
City

Or
State

97701
Zip Code

541-382-2333
Primary Phone

503-910-6129
Secondary Phone

Fax Number

Clavallee@afdist.org
Email Address (Optional)

1. Certified course number(s) you're applying to instruct: 17F010 17F033 20F021 18F027 18F028 20F015 20F016 18F015 18F016 MFTU? No Course ID w/ this

Certified course numbers are available on our website at http://www.oregon.gov/DPSST/FC/docs/Form/CourseList.pdf

2. **If the Provider listed is a Fire Agency (Fire Department) you must attach written consent to use their curriculum.**

3. Are you certified as an NFPA Fire Instructor I? ☒ Yes ☐ No
If NO, please attach your Professional Instructor Resume.

4. Are you DPSST certified in the level(s) requesting to instruct? ☒ Yes ☐ No (ow)
If NO,
Have you taken and completed the course(s) requesting to instruct? **Attach proof.** ☒ Yes ☐ No
If NO, please attach your experience with the subject(s), Professional Instructor Resume and Completion Certificate(s).

5. Optional: ☒ Yes, I would like to have my Approval Letter, NOCC and Roster sent to my email address, ***instead*** of receiving hard copies in the mail. *(please provide email address in the section above)*

ATTEST: I have reviewed this application for completeness and accuracy. I understand that falsification of this document makes my certifications subject to denial or revocation under ORS 181A.640 and OAR 259-009-0070.

AS THE APPLICANT: I am aware that a criminal history check will be conducted with submission of this application for certification. I understand that if I have been convicted of a crime(s) I may be subject to denial or revocation of my application or certification(s): ☒ **Yes** ☐ **No**

Chad W LaVallee
Applicant Signature

Chad W LaVallee
Applicant Name (Please Print)

01/06/2020
Date

Submit to:
Department of Public Safety Standards and Training
Attn: Fire Certification

*NOTE: It is your responsibility, as the instructor, to **submit** a completed **roster** to DPSST **within 30 days** of instructing a certified course.*

RECEIVED
JAN 07 2020

Oregon

Kate Brown, Governor

Department of Public Safety Standards and Training
4190 Aumsville Hwy SE
Salem, OR 97317-8983
503-378-2100
http://www.dpsst.state.or.us

August 8, 2019

Chad W. LaVallee
Alfalfa Fire District
25889 Alfalfa Market Rd
Bend, OR 97701

Fire Number: 36828

Dear Mr. LaVallee,

DPSST has received your Professional Fire Instructor Certification Application and after review, certification has been given to instruct the following DPSST fire service certified course(s).

Course Number	Course Title	Course Expiration
17F011	NFPA FFI - Academy	12/31/2022

Enclosed are your "Master Copies" of the course Roster and Notice of Course Completion. Please read the Guidelines for Success in the Fire Instructor Guide at http://www.oregon.gov/dpsst/FC/docs/Applications/FireInstructorGuide.pdf to ensure that Rosters are fully completed accurately. It is also important to give each student a Notice of Course Completion to be taken to their Agency as their proof of attendance.

This process certifies you to instruct the above certified course(s) until the expiration date. After that date you will need to reapply to instruct these courses.

Sincerely,

Kayla Ballrot

Kayla Ballrot
Fire Certification Coordinator
(503) 378-2596

DPSST Use Only	
LEDS Check:	AB OK
OECI Check:	BB OK
Approved:	yes
Rejected:	0
Date:	8/8/19
By:	KB

OREGON DEPARTMENT OF PUBLIC SAFETY STANDARDS AND TRAINING

Professional Fire Instructor Certification Application to Instruct an Approved DPSST Course

(Revised 08/2016)

F-9F

Failure to complete ALL fields *WILL* result in the rejection of this application. It will be mailed back to you with a letter of explanation.

LaVallee Chad W	[redacted]	[redacted]	M
Last Name, First Name, M.I.	Social Security Number* (Mandatory)	DOB	Gender (M/F)

*You are required to provide your Social Security Number (SSN) to DPSST. The authority for this requirement is ORS 25.785 and ORS 305.385, 42 USC 405(c)(2)(C)(i), 42 USC 666(a)(13). Your SSN will only be used for child support enforcement and tax purposes. Failure to provide your SSN will be basis to reject your application.

Alfalfa Fire District	36828
Agency or Company Name	DPSST Fire Number

25889 Alfalfa Market Rd	Bend	Or	97701
Applicant Mailing Address	City	State	Zip Code

541-382-2333	503-910-6129		clavallee@afdist.org
Primary Phone	Secondary Phone	Fax Number	Email Address (Optional)

1. Certified course number(s) you're applying to instruct: ~~15F036~~ 17F011

Certified course numbers are available on our website at http://www.oregon.gov/DPSST/FC/docs/Form/CourseList.pdf

2. **If the Provider listed is a Fire Agency (Fire Department) you must attach written consent to use their curriculum.**

3. Are you certified as an NFPA Fire Instructor I? ☒ Yes ☐ No
   If NO, please attach your Professional Instructor Resume.

4. Are you DPSST certified in the level(s) requesting to instruct? ☒ Yes ☐ No
   If NO,
   Have you taken and completed the course(s) requesting to instruct? **Attach proof.** ☒ Yes ☐ No
   If NO, please attach your experience with the subject(s), Professional Instructor Resume and Completion Certificate(s).

5. Optional: ☒ Yes, I would like to have my Approval Letter, NOCC and Roster sent to my email address, ***instead*** of receiving hard copies in the mail. *(please provide email address in the section above)*

ATTEST: I have reviewed this application for completeness and accuracy. I understand that falsification of this document makes my certifications subject to denial or revocation under ORS 181A.640 and OAR 259-009-0070.

AS THE APPLICANT: I am aware that a criminal history check will be conducted with submission of this application for certification. I understand that if I have been convicted of a crime(s) I may be subject to denial or revocation of my application or certification(s): ☒ **Yes** ☐ **No**

C W LaVallee	Chad Lavallee	08-05-2019
Applicant Signature	**Applicant Name (Please Print)**	**Date**

Submit to:
Department of Public Safety Standards and Training
Attn: Fire Certification
4190 Aumsville Hwy SE, Salem, OR 97317
Phone: (503) 378-2100 Fax: (503) 378-4600

RECEIVED
AUG 06 2019

*NOTE: It is your responsibility, as the instructor, to **submit** a completed **roster** to DPSST **within 30 days** of instructing a certified course.*