

<b>DPSST Office Use Only</b>	
Date: _____	
Reviewer: _____	
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	

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



**REQUEST FOR FINANCIAL ASSISTANCE**  
 (REVISED 4/2023)

Beginning October 1, 2016 The Department of Public Safety Standards and Training (DPSST) is offering financial grants to assist volunteer fire service professionals applying for DPSST certification by covering the cost of the fingerprint processing fee of \$46.25. To qualify for a grant, the **fire service professional applying for certification must be a volunteer firefighter as defined in ORS 652.050:**

**ORS 652.050 Definitions:**

- (1) Firefighter means a person whose principal duties consist of preventing or combating fire or preventing loss of life or property from fire.
- (2) Regularly organized fire department means any organization maintained for the purpose of preventing or combating fire and employing one or more persons on a full-time basis as firefighters.
- (3) Volunteer firefighter means a person who performs services as a firefighter for a regularly organized fire department and whose work hours and work shifts are voluntary and whose volunteer service is not a condition of employment.

Qualifying fire service professionals must follow the following steps to be considered for a financial grant:

- Applicants applying for certification must have the approval of their affiliated fire service agency.
- The applicant will complete/sign this form and return to approved signing authority.
- The approved signing authority will sign and submit the form along with the completed application for certification and applicant’s fingerprints to DPSST for review.

**Grant Applicant Information**

Applicant Name	DPSST Fire Number
Fire Service Agency Name	
Applicant Email	Primary Phone Number

- **As a volunteer firefighter applying for DPSST certification, I am requesting financial assistance to cover the \$46.25 fee associated with the state and federal fingerprint-based background check required by OAR 259-009-0059.**

Yes     No

**ATTEST:** I certify that I am a volunteer firefighter as defined in ORS 652.050: "Volunteer firefighter" means a person who performs services as a firefighter for a regularly organized fire department and whose work hours and work shifts are voluntary and whose volunteer service is not a condition of employment.. 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 Applicant

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date

I verify that the information on this form has been verified and is sustained by records maintaining by this agency. 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 Agency Head or Designee

\_\_\_\_\_  
Printed Name of Agency Head or Designee

\_\_\_\_\_  
Date