

FIRE

Certified Course #: 14F013 Hours: 4

Department of Public Safety Standards & Training

Date: 5/15/2019 Course Expiration: 12/31/2019

Student Roster (revised 3/2014)

Location:
(City, Town or Community) Stayton, OR

*Photocopying this document is permissible.
Recreations of this document will be denied*

Page 1 of 3

Pass, Fail or Incomplete	FULL NAME (Please Print Clearly: First MI Last)	DPSST Fire Service #	Agency/Organization (Do Not Abbreviate)
<input checked="" type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> Inc	1 <u>GORGE, ROBERT L.</u>	<u>38432</u>	<u>SCIO</u>
<input checked="" type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> Inc	2 <u>Chelsea CHAVEZ</u>	<u>38219</u>	<u>Jefferson Rural Fire Protection District</u>
<input checked="" type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> Inc	3 <u>Adrienne Park</u>	<u>27125</u>	<u>Scio Fire District</u>
<input checked="" type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> Inc	4 <u>JOHN B. LEAMONS JR</u>	<u>38407</u>	<u>DRAKES CROSSING FIRE RESCUE</u>
<input checked="" type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> Inc	5 <u>Tim G. Bay</u>	<u>38565</u>	<u>STAYTON</u>
<input checked="" type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> Inc	6 <u>Antonio Johnson</u>	<u>38055</u>	<u>Stayton Fire</u>
<input checked="" type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> Inc	7 <u>Riley Zimmerman</u>		<u>Scio Fire District</u>
<input checked="" type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> Inc	8 <u>RACHELLE L. KNUTH</u>	<u>37231</u>	<u>TURNER FIRE DIST.</u>
<input checked="" type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> Inc	9 <u>REBECCA SLIVERS SINGLETERY</u>	<u>22219</u>	<u>TURNER FIRE DISTRICT</u>
<input checked="" type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> Inc	10 <u>GARY STEVEN COHEN</u>	<u>38306</u>	<u>Turner Fire District</u>

As an authorized instructor, approved by DPSST, I have reviewed this roster for completeness and accuracy. I understand that falsification of information on this document is subject to penalty under ORS 162.055, et al. and ORS 162.305 and is cause to deny or revoke DPSST certification(s). Please refer to OAR 259-009-0080. By submitting his/her name for inclusion on this roster, the identified participant(s) understand that falsification of information on this document is subject to penalty under ORS 162.055, et al. and ORS 162.305 and is cause to deny or revoke DPSST certification(s).

Failure to complete ALL fields WILL result in fire fighters not receiving credit in their DPSST Training History and this roster will be returned.
Return to: DPSST, Attn: Fire Certification, 4190 Aumsville Hwy. SE, Salem OR 97317 Fax: 503-378-4600 Phone: 503-378-2596

Robert J. Farino	38026	503-871-4944
Instructor	DPSST Fire Service #	Instructor's Phone #
		5/15/2019
Instructor Signature		Date

It is your responsibility as the instructor, to submit a **FINAL** fully completed roster upon the completion of the course to DPSST within 30 days of instructing the certified course.

FIRE

Certified Course #: 14F013 Hours: 6

Department of Public Safety Standards & Training

Date: 5/15/2019 Course Expiration: 12/31/2019

Student Roster (Revised 3/2012)

Location:
(City, Town or Community) Stayton, OR

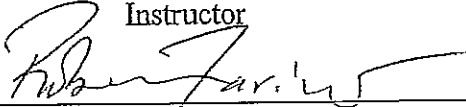
*Photocopying this document is permissible.
Recreations of this document will be denied*

Page 2 of 3

Pass, Fail or Incomplete	FULL NAME (Please Print Clearly: First MI Last)	DPSST Fire Service #	Agency/Organization (Do Not Abbreviate)
<input checked="" type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> Inc	¹ <u>Missy Arreguin</u>	<u>38162</u>	<u>Turner Fire Dist.</u>
<input checked="" type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> Inc	² <u>Kenny Schade</u>	<u>38356</u>	<u>Marion County Fire District #1</u>
<input checked="" type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> Inc	³ <u>Maddy Hook</u>	<u>38022</u>	<u>Marion County Fire 1</u>
<input checked="" type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> Inc	⁴ <u>Steven R. Rustamante</u>	<u>38354</u>	<u>Marion County Fire #1</u>
<input checked="" type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> Inc	⁵ <u>Jeffery Gray</u>	<u>38357</u>	<u>Marion County Fire #1</u>
<input checked="" type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> Inc	⁶ <u>Jacob Chesley</u>		<u>Aumsville Rural Fire</u>
<input checked="" type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> Inc	⁷ <u>Tyler Juetten</u>		<u>Aumsville Rural Fire District</u>
<input checked="" type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> Inc	⁸ <u>Jerold Mix</u>	<u>38706</u>	<u>Aumsville Rural Fire District</u>
<input checked="" type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> Inc	⁹ <u>Blake McKergow</u>	<u>38339</u>	<u>Jefferson Fire district</u>
<input checked="" type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> Inc	¹⁰ <u>Daniel Ontiveros-Ramirez</u>		<u>Marion County fire district #1</u>

As an authorized instructor, approved by DPSST, I have reviewed this roster for completeness and accuracy. I understand that falsification of information on this document is subject to penalty under ORS 162.055, et al. and ORS 162.305 and is cause to deny or revoke DPSST certification(s). Please refer to OAR 259-009-0080. By submitting his/her name for inclusion on this roster, the identified participant(s) understand that falsification of information on this document is subject to penalty under ORS 162.055, et al. and ORS 162.305 and is cause to deny or revoke DPSST certification(s).

**Failure to complete ALL fields WILL result in fire fighters not receiving credit in their DPSST Training History and this roster will be returned.
Return to: DPSST, Attn: Fire Certification, 4190 Aumsville Hwy. SE, Salem OR 97317 Fax: 503-378-4600 Phone: 503-378-2596**

<u>Robert J. Farino</u> Instructor  Instructor Signature	<u>38026</u> DPSST Fire Service #	<u>503-871-4944</u> Instructor's Phone # <u>5/15/2019</u> Date
--	--------------------------------------	---

It is your responsibility as the instructor, to submit a **FINAL** fully completed roster upon the completion of the course to DPSST within 30 days of instructing the certified course.

Title: Flammable Liquids and Gas (Classroom Only)

FIRE

Identified Course #: 14F013 Hours: 4

Department of Public Safety Standards & Training

Date: 5/15/2019 Course Expiration: 12/31/2019

Student Roster (revised 3/2012)

Location:
(City, Town or Community) Stayton, OR

Photocopying this document is permissible.
Recreations of this document will be denied.

Page 1 of 3

Pass, Fail or Incomplete	FULL NAME (Please Print Clearly: First MI Last)	DPSST Fire Service #	Agency/Organization (Do Not Abbreviate)
<input checked="" type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> Inc	1 TIMOTHY P WILSON	38571	STAYTON Fire District
<input checked="" type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> Inc	2 Haleb Banes	38567	Stayton Fire District
<input checked="" type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> Inc	3 Cody Miller	38566	Stayton Fire District
<input checked="" type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> Inc	4 MARCUS ANDREWS	38411	STAYTON FIRE DISTRICT
<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> Inc	5		
<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> Inc	6		
<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> Inc	7		
<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> Inc	8		
<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> Inc	9		
<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> Inc	10		

As an authorized instructor, approved by DPSST, I have reviewed this roster for completeness and accuracy. I understand that falsification of information on this document is subject to penalty under ORS 162.055, et al. and ORS 162.305 and is cause to deny or revoke DPSST certification(s). Please refer to OAR 259-009-0080. By submitting his/her name for inclusion on this roster, the identified participant(s) understand that falsification of information on this document is subject to penalty under ORS 162.055, et al. and ORS 162.305 and is cause to deny or revoke DPSST certification(s).

Failure to complete ALL fields WILL result in fire fighters not receiving credit in their DPSST Training History and this roster will be returned.
Return to: DPSST, Attn: Fire Certification, 4190 Aumsville Hwy. SE, Salem OR 97317 Fax: 503-378-4600 Phone: 503-378-2596

Robert J. Farino

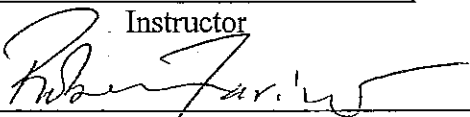
38026

503-871-4944

Instructor

DPSST Fire Service #

Instructor's Phone #



5/15/2019

Instructor Signature

Date

It is your responsibility as the instructor, to submit a **FINAL** fully completed roster upon the completion of the course to DPSST within 30 days of instructing the certified course.