



# Shenandoah County

## Department of Fire and Rescue

600 N. Main Street, Suite 109  
Woodstock, VA 22664

(540) 459-6167 voice  
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ccave@shenandoahcounyva.us

## TRAINING ANNOUNCEMENT

**To: Shenandoah Co. Fire and Rescue Agencies**

**From: Mark J Staffa– Training Captain**

**Date: December 22, 2026**

**Re: Driver Pump Operator**



Shenandoah County Dept. of Fire and Rescue, in conjunction with the Virginia Department of Fire Programs, will be sponsoring a certification course in **Driver Pump Operator**. The VDFP's Driver Operator- Pumper training program consists of 64 hours of classroom instruction and practical sessions; providing detailed instruction on the operation, maintenance, and design of pumping fire apparatus. The content of this program is based on the most current edition of the NFPA 1002 standard.

**Location:** Shenandoah County Fire and Rescue Headquarters- Suite 109  
600 North Main Street, Woodstock, VA 22664

**Dates:** May 5,7,9,12,16,19,21,23,26,30 & June 2,4,6 2026

**Lead Instructor:** SCFR Instructor Cadre

**Times:** Class begins at 1830 on weekdays and 0800 on weekends

**Cost:** \$100.00

**Prerequisites:** Firefighter Level I certification, HazMat Operations. Students are encouraged to have some basic knowledge of the operation of fire apparatus. Students must be EVOC certified (minimum of Class III). Possess a valid unrestricted driver's license. Minimum of 18 years of age.

**Registration:** If you are interested in attending, please submit a completed Training Registration form, copies of prerequisites, and registration fee to Shannon Walters.

Forms are available on our website at [www.scfr.net](http://www.scfr.net), or by calling 540-459-6167.

**REGISTRATION DEADLINE IS April 10, 2026**

**CSOD Registration is required: 42426153**

**TRAINING NOTICE – PLEASE POST**

# Virginia Department of Fire Programs

## Driver Pumper / Operator – 3rd Edition Certification Course

### Schedule and Reading Assignment(s)

Session 42426153

Date	Location	Time	Subject (Hours)	Instructor	Reading Assignment
5/5/2026	SCFR Headquarters	1830-2030	<b>Session 1</b> Paperwork, Insp & Maint (2) Positioning Apparatus (1) Principles of Water (1)		IFSTA Textbook (3rd Edition): Pages 26 - 75 IFSTA Textbook (3rd Edition): Pages 132 - 162 IFSTA Textbook (3rd Edition): Pages 164 - 189
5/7/2026	SCFR Headquarters	1830-2030	<b>Session 2</b> Hose Nozzles & Flow Rates (2) Foam Equip & Systems (2)		IFSTA Textbook (3rd Edition): Pages 190 - 205 IFSTA Textbook (3rd Edition): Pages 476 - 511
5/9/2026	SCFR Headquarters	0800-1700	<b>Session 3</b> Pre Trip Inspection (4) <b>Session 4</b> Positioning, Pump Panel (4)		Practical Session Practical Session
5/12/2026	SCFR Headquarters	1830-2030	<b>Session 5</b> Fire Pump Theory (2) Operating Fire Pumps (2)		IFSTA Textbook (3rd Edition): Pages 290 - 330 IFSTA Textbook (3rd Edition): Pages 332 - 398
5/16/2026	SCFR Headquarters	0800-1700	<b>Session 6</b> Theoretical Calculations (4) Fire Ground Calculations (4)		IFSTA Textbook (3rd Edition): Pages 206 - 277 IFSTA Textbook (3rd Edition): Pages 278 - 290
5/19/2026	SCFR Headquarters	1830-2030	<b>Session 7</b> Relay Pumping Operations (2) Testing (2)		IFSTA Textbook (3rd Edition): Pages 442 - 438 IFSTA Textbook (3rd Edition): Pages 512 - 536
5/21/2026	SCFR Headquarters	1830-2030	<b>Session 8</b> Static Water Supply Sources (2) Water Shuttle Operations (2)		IFSTA Textbook (3rd Edition): Pages 400 - 420 IFSTA Textbook (3rd Edition): Pages 440 - 475
5/23/2026	TBA	0800-1700	<b>Session 10</b> Drafting Operations (8)		Practical Session
5/26/2026	SCFR Headquarters	1830-2030	<b>Session 9</b> Pump Single & Multiple Lines (4)		Practical Session
5/30/2026	TBA	0800-1700	<b>Session 11</b> LDH Hose, Foam, Relay, Standpipes (8)		Practical Session
6/2/2026	SCFR Headquarters	1830-2030	<b>Session 12</b> Scenarios & Oper Pumps (4)		Practical Session
6/4/2026	SCFR Headquarters	1830-2030	<b>Session 12</b> Scenarios & Oper Pumps (4)		Practical Session
6/9/2026	TBA	0800-1700	<b>Session 13</b> Written Test & Skills (8)	VDFP Staff	State Test

Testing Location is TBD currently



**SHENANDOAH**  
COUNTY  
**FIRE & RESCUE**

P: 540-459-6167  
Deputy Chief Courtney Cave  
ccave@shenandoahcountyva.us

**Training Registration Form**

Training Class: \_\_\_\_\_

Name: \_\_\_\_\_ CSOD ID# \_\_\_\_\_

Department: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Last Four of Social Security Number: XXX-XX-\_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

**Contact Information**

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Chief Signature: \_\_\_\_\_

Chief Printed Name: \_\_\_\_\_

*By submitting this to Shenandoah County Department of Fire and Rescue you acknowledge, as the student, that you will complete the class. If you do not complete the class you may forfeit the training registration fee or your company will be billed for the amount incurred. The only allowance for this mandate will be for family or personal emergencies upon approval.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----**OFFICE USE ONLY**-----

Payment type: Check \_\_\_\_\_ Cash \_\_\_\_\_

Check Number \_\_\_\_\_

Refundable Course: \_\_\_\_\_ Non-Refundable Course: \_\_\_\_\_

Payment Received by: \_\_\_\_\_

Date Received: \_\_\_\_\_



**FIRE & RESCUE**  
**Professional Development Notification Form**  
*(Please Print or Type Information)*

Employee Name \_\_\_\_\_ CSOD ID # \_\_\_\_\_

Department \_\_\_\_\_ Job Title \_\_\_\_\_

Name of Educational Institution \_\_\_\_\_

Title of Class or Conference \_\_\_\_\_

Dates of Class/Conference \_\_\_\_\_

Location of Class /Conference \_\_\_\_\_

Describe briefly why completion of this course is necessary, or attendance at this conference, will benefit the County: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this necessary for certification? \_\_\_\_\_

Transportation needs (if any): \_\_\_\_\_

Anticipated Cost: Registration: \_\_\_\_\_ Lodging: \_\_\_\_\_

Meals: \_\_\_\_\_ Transportation: \_\_\_\_\_

Total: \_\_\_\_\_ \*\*Budget code: \_\_\_\_\_

Funding Source: \_\_\_\_\_

DOOPS Required:  Yes  No

If yes: Dates: \_\_\_\_\_

Shift Commander Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DC Training Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chief Signature: \_\_\_\_\_ Date: \_\_\_\_\_