Kentucky Commission on Fire Protection, Personnel, Standards and Education

Office of IFSAC Accreditation, PO Box 248, Morehead, KY 40351

Application for Accredited Certification RECIPROCITY

(Limit 1 certification per application)

Please Print Clearly or Type

CANDIDATE PERSONAL INFORMATION

Name _____
Last First Middle Initial

Address _____
Home Mailing Address

_____
City County State Zip

Kentucky Firefighter ID#:_____ D.O.B. _____ Contact Phone #: (_____)_____-_____

Primary Kentucky Fire Department: _____Dept. ID#: _____

NOTE: Kentucky does NOT issue nor honor reciprocity for either *Implied* or *Grandfathered* certifications.

Applying for reciprocal certification to the level of: (check only one)

□ Haz Mat Awareness □ Haz Mat Ops CORE □ Haz Mat Operations □ Firefighter 1
□ Firefighter 2 □ Fire Instructor 1 □ Driver/Operator □ Airport FF
□ Driver/Operator-Pumper □ Driver/Operator-Mobile Water □ Driver/Operator-Aerial

Remit $15 administration fee per certification by Department check or Money Order
---- Make check/MO payable to: KCTCS Fire Commission

Attach copy of certificate with LEGIBLE certificate number and complete the following information:

IFSAC Seal Number:	Date of Certification:
NPQB Seal Number:	Date of Certification:
State, Province, Country or entity that issued certification:	

RECIPROCITY MAY BE USED AS A PRE-REQUISITE TO ACHIEVE ADDITIONAL CERTIFICATIONS THROUGH TESTING BY THE KENTUCKY FIRE COMMISSION OR MAY BE USED TO ASSIST ACHIEVEMENT TO STATUTORY CERTIFICATIONS OR QUALIFICATIONS FOR STATE AID TO VOLUNTEER DEPARTMENTS OR INCENTIVE PAY TO CAREER FIREFIGHTERS. ADDITIONAL TRAINING OR CERTIFICATIONS MAY BE REQUIRED DEPENDING UPON THE CERTIFICATION OR QUALIFICATION DESIRED.

I certify that the above information is true and correct to the best of my knowledge, and I give permission for each issuing entity to release information necessary to complete this request.

_____ _____
Signature of Applicant Date

9/2009