



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

Social Security #: XXX - XX - _____ D.O.B. _____ Contact Phone #: (____) _____ - _____
(Last 4 digits only- REQUIRED for ProBoard or any D.O.D. reciprocity)

Primary Kentucky 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)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Haz Mat Awareness | <input type="checkbox"/> Haz Mat Operations CORE | <input type="checkbox"/> Haz Mat Operations | <input type="checkbox"/> Haz Mat Technician |
| <input type="checkbox"/> Firefighter 1 | <input type="checkbox"/> Fire Fighter 2 | <input type="checkbox"/> Fire Officer 1 | <input type="checkbox"/> Fire Officer 2 |
| <input type="checkbox"/> Driver/Operator-Pumper | <input type="checkbox"/> Driver/Operator-Mobile Water | <input type="checkbox"/> Driver/Operator-Aerial | <input type="checkbox"/> Driver/Operator |
| <input type="checkbox"/> Fire Instructor 1 | <input type="checkbox"/> Fire Instructor 2 | <input type="checkbox"/> Airport FF | |

Remit \$25 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/or 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 PRE-REQUISITES 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