



Fire Service Technology
Reciprocity Application



Name: (Last) (First) (MI) SSN:

Mailing Address: Home Phone:

City, State, Zip: Work Phone:

Email address: Cell Phone:

County: Male Female Date of Birth:

Fire Department Affiliation:

Fire Department Address:

City, State, Zip:

Date Last Certified:

Reciprocity Level(s) Requested
Fire Fighter I Fire Fighter II
Hazardous Materials Operations Driver/Operator-Pumper
Fire Instructor I Fire Officer I

* Requirements and Guidelines for Reciprocity *

- *Certification must be from an IFSAC accredited entity (states, territories, countries, or the Dept. of Defense).
*Certification must be to the current or the immediately preceding edition of the appropriate Standard.
*A copy of the certificate(s) must be included with this application, seal information must be legible.
*Reciprocity is available only on levels accredited by IFSAC in Idaho.
*Reciprocity only applies to individuals affiliated with an Idaho emergency service entity.
*Individuals granted reciprocity will be issued a Idaho Fire Service Technology certificate with an IFSAC accredited seal.

I acknowledge that I will be subject to Idaho's recertification requirements. I understand and agree that any false statements or omissions of material facts will cause denial or forfeiture of my certification(s).

Signature: Date: