



IDAHO
FIRE SERVICE TRAINING

Reciprocity Application

LAST NAME		FIRST NAME			MIDDLE INITIAL	
SSN		DATE OF BIRTH		LAST DATE CERTIFIED		
WORK PHONE		HOME PHONE		CELL PHONE		
MAILING ADDRESS		CITY		STATE	ZIP	COUNTY
EMAIL		COUNTY		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		
FIRE DEPARTMENT AFFILIATION						
FIRE DEPARTMENT ADDRESS			CITY		STATE	ZIP
RECIPROCITY LEVELS REQUESTED <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Firefighter I <input type="checkbox"/> Firefighter II <input type="checkbox"/> Fire Officer I <input type="checkbox"/> Fire Officer II <input type="checkbox"/> Hazardous Materials Awareness <input type="checkbox"/> Hazardous Materials Operations <input type="checkbox"/> PumperFire Instructor I						

Requirements for reciprocity

- Certification must be from an IFSAC accredited entity (states, territories, countries, or the Department of Defense).
- A copy of the certificate(s) must be included with this application, and 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 receive a letter acknowledging their eligibility to test at the next certification level.

I acknowledge that I will be subject to Idaho's certification pre-requisites. I understand and agree that any false statements or omissions of material facts will cause denial or forfeiture of my certification(s).			
SIGNATURE	<input type="text"/>	DATE	<input type="text"/>

Fax the completed form to 208-429-5559 or email it to fst@cte.idaho.gov.