## Utah Fire Service Certification Council Reciprocity Certification Request

Department Information:	nt Information:
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The following department / Participating agency requests that the Utah Fire Service Certification Council issue a certification by reciprocity for the Individual listed on this form.

Date of Request:						
Department / Agency Name:						
Applicant Information:						
Full Name:						
Full Name:Last		First				M.I.
Address:						
Street Address						
City		State			ZIP Code	
Phone:			Email:			
Social Security No. (Last four Digits):			_ Date of Birth:			
Are you a Citizen of the United States?	Yes			No		
If no, are you authorized to work in the U.S?	Yes			No		
Have you ever been convicted of a felony?	Yes			No		
If yes, explain:						

## Required Documentation:

For **Reciprocity**, the chief or administrator of the organization shall attest to and sign for the conditions listed.

## By my signature below, I certify that department records exist to support the individual listed on this form:

- 1. Is a member and in good standing with the department or organization
- 2. Has not been convicted of a felony, capital crime, or felony plea-bargained down to a misdemeanor
- 3. Has attached a copy of the certification from the original certifying entity, with Pro Board logo or IFSAC seal clearly readable
- 4. Has provided all required information and this request is accurate and complete

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Attach a copy of the certification from the original certifying entity, with Pro Board logo or IFSAC seal clearly readable

Certification Level	IFSAC Certificate w/ Sea	l# Pro Board Certificate	
I understand that reciprocity will no	at he granted until navment of	\$20.00 per level is paid in full to the Ul	FSCS
statements above. This will serve as		ge that you agree and comply with the	
	,		
☐ Chief / ☐ Administrator / ☐ Training Office	er Signature		
C			
Chief / Administrator Name (Typed or Printed	l) Traini	ng Officer Name (Typed or Printed)	
(1) POO OF 1 111110	-1	.g c moor r mano (1) pour er 1 miseu)	
☐ Chief/ ☐ Training Officer Daytime Telephor	ne# □ Chie	f/   Training Officer Email Address	
- Chief - Training Officer Daytime Telephor	ic #	If a Hammig Officer Linan Address	
Department / Agency Mailing Address			
City	State	ZIP Code	
on,	State	Zii Code	

Please sign and return to:
Utah Fire Service Certification Council
C/O Utah Fire and Rescue Academy
3131 Mike Jense Parkway, Provo, UT 84601
Email the certification specialist for your area
Website: UVU.edu/UFRA / Phone: 801-863-7709