

Utah Fire Service Certification Council

Reciprocity Certification Request

Department Information

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

To be completed by Applicant seeking Reciprocity for their certifications.

Full Name: _____
Last First Middle

Address: _____
Street Address

City State ZIP Code

Phone: _____ Email: _____

PID / Last 4 of Social Security No.: _____ 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, capital offense, or Class A Misdemeanor? Yes No

If yes, explain: _____

Applicant Signature: _____

Required Documentation

To be completed by the chief or administrator of the organization.

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 offense, class A misdemeanor, felony plea-bargained down to a misdemeanor, or a crime involving violence inflicted on another person or abuse of another person. (See UFSCS policy 20.1)
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

Document Details

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/ Seal #	Pro Board Certificate

I understand that reciprocity will not be granted until payment of \$200.00 is paid in full to the UFRA Certification administration, or department invoicing has been approved.

If completing this form electronically, check this box to acknowledge that you agree and comply with the statements above. This will serve as your signature.

Chief / Administrator / Training Officer Signature

Chief / Administrator Name (Typed or Printed)

Training Officer Name (Typed or Printed)

Chief/ Training Officer Daytime Telephone #

Chief/ Training Officer Email Address

Department / Agency Mailing Address

City

State

ZIP 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