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.

Department / Agency Name: _____Date: _____

Required Documentation and Signatures

For **RECIPROCITY**, the chief or administrator of the organization shall attest 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 a felony plea-bargained down to a misdemeanor.
3. Has attached a copy of the certification from the original certifying entity with the IFSAC seal clearly readable.
4. That all required information on this request is accurate and complete.

Applicant Name	Social Security # Last 4 Digits	Date of Birth mm/dd/yyyy	IFSAC Seal #	Certification Level

☐ **If completing this form electronically, check box to acknowledge 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)

_____
Department / Agency Mailing Address Chief / Training Officer Daytime Telephone #

_____
City State Zip Chief / Training Officer Email Address

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: UFRACertification@uvu.edu
Fax: 801-374-0681
Phone Toll Free: 888-548-7816