

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: _____ Department/Agency Name: _____

Applicant Information:

Full Legal Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

PID: _____ Date of Birth: _____

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 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 and/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 and/or IFSAC seal clearly readable.

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 Phone #

Chief/ Training Officer email address

Department/Agency mailing address

City	State	ZIP Code
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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