

# 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 individuals listed on this form.

**Department/Agency Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Required Documentation and Signatures

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 that each 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 the Pro Board logo or IFSAC seal clearly readable
4. Has provided all required information and this request is accurate and complete

Applicant's Full Name	Social Security # (last four digits)	Date of Birth (mm/dd/yyyy)	IFSAC Seal #	Certification Level

**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)

\_\_\_\_\_  
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  
the certification specialist for your area  
Website: [UVU.edu/UFRA](http://UVU.edu/UFRA)  
Phone: 801-863-7709