

**Emergency Services Training  
Reciprocity Application**

Name: \_\_\_\_\_ (Last) (First) (MI) SSN: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

County: \_\_\_\_\_ Male  Female  Date of Birth: \_\_\_\_\_

Fire Department Affiliation: \_\_\_\_\_

Fire Department Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date Last Certified: \_\_\_\_\_

**↻ Reciprocity Level(s) Requested ↻**

- Fire Fighter I     Fire Fighter II     Driver/Operator – Pumper  
 Hazardous Materials Operations

**\* Requirements and Guidelines for Reciprocity**

- Certification must be from an accredited entity (states, territories, countries, or the Dept. of Defense).
- Certification must be to the current or the immediate preceding edition of the appropriate Standard.
- A copy of the certificate(s) must be included with this application. (*Seal number must be legible*)
- Reciprocity is available only on levels accredited by IFSAC in Idaho.
- Reciprocity only applies to individuals employed by Idaho emergency response agencies.
- Individuals granted reciprocity will be issued an Idaho certificate and will be subject to Idaho's recertification requirements.

I acknowledge that I will be subject to Idaho's recertification requirements. I understand and agree that any misstatements or omissions of material facts will cause denial or forfeiture of my certification.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_