



Date Received	 Department of Public Safety Division of Fire Safety PO Box 844, Jefferson City, MO 65102 (573) 522-2426 FAX (573) 751-1744 Website: www.dfs.dps.mo.gov	Date Approved
Received By	 	Approved By
Application for Reciprocity		

THE CANDIDATE MUST MAIL IN ALL RECIPROCITY DOCUMENTATION. APPLICATION MUST BE ORIGINAL; ALL OTHER DOCUMENTATION MAY BE COPIES. THE DIVISION OF FIRE SAFETY WILL NOT ACCEPT ANY FAXED OR EMAILED APPLICATIONS. (THIS IS A 2 PAGE APPLICATION)

Personal Information:					
Last 4 SSN #	Last Name	Suffix	First Name	MI	County of Residence
Mailing Address of Applicant			City	State	Zip Code
Date of Birth	Sex	Personal Phone #	Email Address		
	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Home <input type="checkbox"/> Cell			
Agency Name			Fire Fighter Status (If Applicable)	Total Years of service	
			<input type="checkbox"/> Volunteer FF <input type="checkbox"/> Paid FF		

Reciprocity Applying For: (check all applicable boxes)

Hazardous Materials <input type="checkbox"/> Awareness IFSAC# _____ ProBoard# _____ <input type="checkbox"/> Operations IFSAC# _____ ProBoard# _____ <input type="checkbox"/> Technician IFSAC# _____ ProBoard# _____	Technical Rescuer <input type="checkbox"/> Core Chapter 5 IFSAC# _____ ProBoard# _____ <input type="checkbox"/> Rope I Chapter 6.1 IFSAC# _____ ProBoard# _____ <input type="checkbox"/> Rope II Chapter 6.2 IFSAC# _____ ProBoard# _____	Fire Officer <input type="checkbox"/> FO I IFSAC# _____ ProBoard# _____ <input type="checkbox"/> FO II IFSAC# _____ ProBoard# _____ <input type="checkbox"/> FO III IFSAC# _____ ProBoard# _____ <input type="checkbox"/> FO IV IFSAC# _____ ProBoard# _____	Driver Operator <input type="checkbox"/> Core IFSAC# _____ ProBoard# _____ <input type="checkbox"/> Pumper IFSAC# _____ ProBoard# _____ <input type="checkbox"/> Aerial IFSAC# _____ ProBoard# _____ <input type="checkbox"/> Mobile Water Supply IFSAC# _____ ProBoard# _____
Fire Protection <input type="checkbox"/> Firefighter I IFSAC# _____ ProBoard# _____ <input type="checkbox"/> Firefighter II IFSAC# _____ ProBoard# _____	Fire Service Instructor <input type="checkbox"/> Level I IFSAC# _____ ProBoard# _____ <input type="checkbox"/> Level II IFSAC# _____ ProBoard# _____	Fire Inspector <input type="checkbox"/> Level I IFSAC# _____ ProBoard# _____ <input type="checkbox"/> Level II IFSAC# _____ ProBoard# _____	Public Fire & Life Safety Ed. <input type="checkbox"/> Level I IFSAC# _____ ProBoard# _____ <input type="checkbox"/> Level II IFSAC# _____ ProBoard# _____
<input type="checkbox"/> Fire Investigator IFSAC# _____ ProBoard# _____	<input type="checkbox"/> Incident Safety Officer IFSAC# _____ ProBoard# _____	<input type="checkbox"/> Live Fire Instructor IFSAC# _____ ProBoard# _____	

Reciprocity

Individuals holding certification accredited by the International Fire Service Accreditation Congress (IFSAC) or the National Board on Fire Service Professional Qualifications (ProBoard) must comply with the following guidelines:

- A. Candidate must complete the appropriate application, attach supporting documentation and include a copy of your drivers license.
- B. Certificates must clearly indicate IFSAC or Pro Board Accreditation for the level of certification.
- C. Provide the Division with written verification from the non-Missouri certifying authority that the applicant's certification is current, valid and in good standing.
- D. The candidate must be a member of a fire department, law enforcement agency or do business in the State of Missouri.
- E. Applicant must meet the general requirements for certification as outlined in the appropriate certification booklet.

The Missouri Division of Fire Safety Training Division will review and verify all documentation. Once documentation has been reviewed and verified to meet the certification criteria, the candidate will be issued reciprocity. If documentation does not meet the certification requirements, the candidate will be denied reciprocity. The candidate would then be required to complete an approved training program and meet all certification requirements including but not limited to, passing written and practical skills certification exams.

Authorization for Release of Information

I, (Print Full Name) _____ hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material facts will cause denial or forfeiture of my certifications. I further authorize all law enforcement agencies, U.S. Military, Federal, State and/or Local government agencies to furnish the Missouri Division of Fire Safety, with any and all information regarding me in order to determine suitability for certification. I further release said agency or person from all liability for any damages whatsoever that may occur from furnishing such information to the Missouri Division of Fire Safety. Also, by signing this form, I hereby authorize the release of any or all information concerning my enrollment status for the courses requesting certification and certification exam results only to the Chief Officer or his designee of my organization. A photo-static copy of this authorization will be considered as effective and valid as the original.

Signature of Applicant: _____

Date: _____

For Fire Service Only

Signature of Fire Chief: _____

Date: _____

Division of Fire Safety Use Only

Received	Yes	No	Date	Initials		Yes	No	Date	Initials
Driver's License					Verified from issuing agency				
Supporting Documentation									
					Data Entry Date:	Initials:			

Notes: