

Accredited Certification
99 Lake Park Drive
Morehead, KY 40351



(800) 301-2946
IFSACAccreditedCertification@kctcs.edu
www.kyffcert.com

Application for Accredited Certification RECIPROCITY
(Limit 1 certification per application)

Please Print Clearly or Type

CANDIDATE PERSONAL INFORMATION

Name: _____
Last First Middle Initial

Address: _____
Home Mailing Address

_____ City County State Zip

Social Security #: XXX-XX- _____ D.O.B. _____ Contact Phone #: (_____) _____ - _____
(Last 4 digits only- REQUIRED for ProBoard or any D.O.D. reciprocity)

Email Address: _____

Primary Kentucky Department: _____ Department ID#: _____

NOTE: Kentucky does NOT issue nor honor reciprocity for either Implied or Grandfathered certifications.

Applying for reciprocal certification to the level of: (check only one)

- | | | | |
|----------------------------------|-------------------------------------|-----------------------------------|--------------------------------|
| Haz Mat Awareness | Haz Mat Operations Product Control | Haz-Mat Technician | Airport Fire Fighter |
| Firefighter I | Fire Fighter II | Fire Officer I | Fire Officer II |
| Fire Inspector I | Driver/Operator-Mobile Water Supply | Driver/Operator-Aerial | Driver/Operator-Pumper |
| Fire Instructor I | Fire Instructor II | Live Fire Instructor | Live Fire Instructor In-Charge |
| Rope Rescue Awareness | Rope Rescue Operations | Rope Rescue Technician | |

IFSAC Seal Number:	Date of Certification:
NPQB Seal Number:	Date of Certification:
State, Province, Country or entity that issued certification:	

A legible copy of the certification MUST accompany this form.

RECIPROCITY MAY BE USED AS PRE-REQUISITES TO ACHIEVE ADDITIONAL CERTIFICATIONS THROUGH TESTING BY THE KENTUCKY FIRE COMMISSION OR MAY BE USED TO ASSIST ACHIEVEMENT TO STATUTORY CERTIFICATIONS OR QUALIFICATIONS FOR STATE AID TO VOLUNTEER DEPARTMENTS OR INCENTIVE PAY TO CAREER FIREFIGHTERS. ADDITIONAL TRAINING OR CERTIFICATIONS MAY BE REQUIRED DEPENDING UPON THE CERTIFICATION OR QUALIFICATION DESIRED.

I certify that the above information is true and correct to the best of my knowledge, and I give permission for each issuing entity to release information necessary to complete this request.

Signature of Applicant

Date