

# COLORADO DIVISION OF FIRE PREVENTION & CONTROL

## RECIPROCITY / LETTER OF RECOGNITION APPLICATION

Please complete the application to request reciprocity with the State of Colorado. DFPC will confirm your certification was obtained through a written and practical testing process and then issue a letter of recognition which allows you to take the written and practical exam to obtain certification. The letter of recognition is valid for two years from the date of issue. See [Certification Policy and Procedure Manual](#) for additional information.

Part 1: Applicant Information				
Last Name:	First Name:	MI:		
Mailing Address:				
City:	State:	Zip Code:	DOB:	
Phone: (    ) -	Gender: Male Female	SSN:		
Years of Fire Service:	Department Affiliation : FDID Number		Unaffiliated:	Yes No
E-mail address:				

Part 2: Certification Level Letter of Recognition Requested				
Level	Certification Type (Listed Alphabetically)		Level	Certification Type (Listed Alphabetically)
24	Airport Firefighter		31	Fire Officer I
8	Driver Operator		13	Fire Officer II
9	Driver Operator Pumper		14	Fire Officer III
10	Driver Operator Aerial		25	HazMat Awareness
11	EMS First Responder		26	HazMat Operations
4	Fire Instructor I		37	HazMat Awareness/Operations
5	Fire Instructor II		27	HazMat Technician
6	Fire Instructor III		40	Juvenile Fire Setter I
29	Firefighter I		19	Public Fire Educator I
30	Firefighter II		20	Public Fire Educator II

The Colorado Division of Fire Prevention & Control will not process incomplete or illegible applications.

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Part 3: Checklist for Application	
Completed Application	
Copies of Certifications	
Payment of \$40 fee per certificate level (if affiliated will invoice department)	
<b><u>MANDATORY INFORMATION</u></b>	
Copy of Colorado Driver's License (to verify residency)	
Name of Accrediting Agency	
Phone Number of Accrediting Agency	

Part 4: Applicant Signature		
Applicant Name:		Date:
By Signing this form below, I attest that statements on both pages are true.		
Signature: _____		

Part 5: Department Head Signature	
Complete only if applicant is affiliated with a department	
By signing this form below, I attest that the statements on both pages are true.	Date:
Department Head Name (please print)	
Signature: _____	

Please mail to:  
 Colorado Division of Fire Prevention & Control  
 690 Kipling Street, Suite 2000  
 Denver, CO 80215  
 Or  
 Scan and email to [lisa.pine@state.co.us](mailto:lisa.pine@state.co.us)

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