

COLORADO DIVISION OF FIRE PREVENTION & CONTROL

RECIPROCITY / LETTER OF RECOGNITION APPLICATION

Please complete the application to request reciprocity with the State of Colorado. For IFSAC certifications, we will confirm your certification was obtained through a written and practical testing process and then issue a Colorado Certification. For ProBoard certifications, we will 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 (Not available at this time)	
10	Driver Operator Aerial		25	HazMat Awareness	
11	EMS First Responder		26	HazMat Operations	
16	Fire Inspector I		37	HazMat Awareness/Operations	
4	Fire Instructor I		27	HazMat Technician	
5	Fire Instructor II		40	Juvenile Fire Setter I	
6	Fire Instructor III		19	Public Fire Educator I	
29	Firefighter I		20	Public Fire Educator II	
30	Firefighter 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	
<u>MANDATORY INFORMATION</u>	
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	
<small>Complete only if applicant is affiliated with a department</small>	
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

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