

**COLORADO DIVISION OF FIRE PREVENTION & CONTROL
 CERTIFICATE OF RECIPROCITY CMCB PROBOARD ONLY
 APPLICATION**

Please complete application to request Pro Board only reciprocity with the State of Colorado. This application is available for candidates that have been awarded Pro Board only certification(s) from Colorado Metropolitan Certification Board (CMCB). DFPC will confirm your certification was obtained through a written and practical testing process and, upon approval, will issue a State of Colorado Certificate of Reciprocity (Pro Board only). The Certificate of Reciprocity (Pro Board only) is valid for three years and is subject to the renewal requirements for the level issued. 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		Last 4 SSN:	
Years of Fire Service:	Department Affiliation : FDID Number		Unaffiliated:	Yes No
E-mail address:				

Part 2: Non-Accredited Certification Level Requested			
Indicate Level	Certification Type (Listed Alphabetically)	Indicate Level	Certification Type (Listed Alphabetically)
<input type="checkbox"/>	Airport Firefighter	<input type="checkbox"/>	Fire Officer I
<input type="checkbox"/>	Driver Operator	<input type="checkbox"/>	Fire Officer II
<input type="checkbox"/>	Driver Operator Pumper	<input type="checkbox"/>	Fire Officer III
<input type="checkbox"/>	Driver Operator Aerial	<input type="checkbox"/>	HazMat Awareness
<input type="checkbox"/>	Fire & Life Safety Educator I	<input type="checkbox"/>	HazMat Operations
<input type="checkbox"/>	Fire & Life Safety Educator II	<input type="checkbox"/>	HazMat Awareness/Operations
<input type="checkbox"/>	Fire Instructor I	<input type="checkbox"/>	HazMat Technician
<input type="checkbox"/>	Fire Instructor II	<input type="checkbox"/>	Incident Safety Officer
<input type="checkbox"/>	Fire Instructor III	<input type="checkbox"/>	Youth Firesetter Intervention Spec. I
<input type="checkbox"/>	Firefighter I	<input type="checkbox"/>	
<input type="checkbox"/>	Firefighter II	<input type="checkbox"/>	

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	<input type="checkbox"/>
Copies of Certifications	<input type="checkbox"/>
<u>Payment of \$40 fee per certificate level (non-refundable processing fee)</u>	<input type="checkbox"/>
<u>MANDATORY INFORMATION</u>	
Affiliated Agency name and contact information	<input type="checkbox"/>

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 direct to:
Colorado Division of Fire Prevention & Control
690 Kipling Street, Suite 2000
Denver, CO 80215
Fax: 303-239-5887
Email: laura.renville@state.co.us

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