

**COLORADO DIVISION OF FIRE PREVENTION & CONTROL
RECIPROCITY /NON-ACCREDITED CERTIFICATE 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 non-accredited certificate is valid for three 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	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>	
Copy of Driver's License (to verify residency)	<input type="checkbox"/>
Name of Accrediting Agency (entity issuing out-of-state certificate)	
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
 DFPC Fax: 303-239-5887

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