

CERTIFICATION APPLICATION

Equivalent/Prerequisite Credit: Check this box if applying for equivalent credit. Credit will appear on your transcript; however, you will not receive a North Carolina certification. Per the North Carolina Fire and Rescue Commission, as of April 15, 2025, reciprocity is no longer offered. Only Equivalent Credit will be granted. *NC will only grant equivalent credit for IFSAC or Pro Board accredited certificates.

Applic	ant Full Nar	me (Print/Type):					
Last 4	Social Sec	urity Number: _		Date of Birth://			
Sex:	Male	Female					
			DEPARTMENT A	AFFILIATIONS			
Primar	y Departme	nt Name:	(1	Please list full name of	Department)		
Secondary Department Name:(If Applicable)							
Date of High School Graduation/GED: *Attach a copy of Diploma/G						na/GED/HS Transcript	
Home	Telephone	#: ()	Bu	siness #: ()			
Email	address (Re	equired):					
Mailin	g Address:			_ City:			
State:			Zip:		County:		
Do you	ı have a val	id Drivers Licen	seYES_	NO			
			•	against the law? ch to application.	Yes	_ No	
(A con convic	viction does ted will be e	s not mean you evaluated in rela	cannot be certifiction to the certific	ed. The offense ar cation for which y	nd how rece ou are appl	ently you were ying.)	
	y the above owledge.	information and	l attached docur	nentation is true a	nd accurate	e to the best of	
Sig	nature:			Dat	te:		

Please return this form and supporting documents by Email, Fax or U.S. Mail to:

North Carolina Fire and Rescue Commission Attn: Certifications 1202 Mail Service Center, Raleigh, NC 27699-1202

> osfmcertifications@ncdoi.gov Toll Free: (800) 634-7854