

**North Carolina Fire & Rescue Commission
Office of State Fire Marshal**

EQUIVALENT CREDIT/RECIPROCITY CERTIFICATION APPLICATION

Check the option you are applying for:

_____ Equivalent/Prerequisite credit - Credit will be on your transcript but you will not receive a NC Certificate.

_____ NC State Certification - Approved applicants will be required to pass an exam with an 80 or better and will receive a NC certificate.

NC will only grant reciprocity/equivalent/prerequisite credit for IFSAC or Pro Board accredited certificates.

Last 4 Social Security Number: _____ Date of Birth: ____/____/____

Applicant's Last Name: _____ First Name: _____

Primary Fire/Rescue Department Name: _____
(Please list full name of Department)

Secondary Fire/Rescue Department Name: _____
(If Applicable) (Please list full name of Department)

Sex: Male Female Date of High School Graduation or GED: _____
***Attach a copy of Diploma/GED/HS Transcript mm / yyyy

Home Telephone #: (____) _____ Business #: (____) _____

Email address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

County of Residence: _____

Do you have a valid Drivers License _____ YES _____ NO

Have you ever been convicted of an offense against the law other than a minor traffic violation?
(A conviction does not mean you cannot be certified. The offense and how recently you were convicted will be evaluated in relation to the certification for which you are applying.) _____ YES _____ NO
(*If yes, explain fully on an additional sheet and attach to application.)**

I certify the above information and attached documentation is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Please return this form and supporting documents by email to:

Office of State Fire Marshal
osfmcertifications@ncdoi.gov