



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. To be eligible for Equivalent Credit, applicants must be an active member of a North Carolina fire department or a resident of North Carolina. Requests submitted by individuals who do not meet this requirement will be denied.**

First Name: _____ Middle: _____ Last: _____

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

Sex: Male Female

DEPARTMENT AFFILIATIONS

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

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

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

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

Email address (Required): _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ County: _____

Do you have a valid Drivers License ___ YES ___ NO

Have you ever been convicted of a felony offense against the law?

If yes, explain fully on an additional sheet and attach to application. ___ YES ___ NO

(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.)

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, 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