



# North Dakota Firefighter's Association

6909 Aurora Loop, PO Box 6127

Bismarck, ND 58506

Telephone: (701) 222-2799 – FAX: (701) 222-2899

## RECIPROCITY APPLICATION

*Please Type or Print Legibly*

Name:		
Name as it may appear on certification records <i>(if different from above)</i> :		
Phone:	Email:	
Address <i>(current residence)</i> :		
City:	State:	Zip:
Mailing Address:		
City:	State:	Zip:
<b>North Dakota Fire Department Membership:</b>		
Department Name:		
Chief of Department:		
Mailing Address:	City:	State: Zip:
Occupational Level Requested:		
Select one: Pro Board IFSAC Non Accredited	Date of Certification:	Current Seal Number:
State, Province or Country that issued Certification(s):		
Entity Certification Contact:	Phone:	
Entity Mailing Address:		
City:	State:	Zip:
I authorize the entity that issued my certification(s) to release my course transcripts and/or certification records to the North Dakota Firefighter's Association for the purpose of verifying the information provided on this application.		
_____ <i>Signature</i>		_____ <i>Date</i>