



GEORGIA FIREFIGHTER STANDARDS AND TRAINING COUNCIL



VERIFICATION OF FIREFIGHTER STATUS FOR RECIPROCITY

Incomplete applications **WILL NOT** be processed
Required fields, as indicated by an asterisk (*), must be completed
(Please print legibly and use black or blue ink.)

The Verification of Firefighter Status for Reciprocity form must be completed to recognize firefighter credentials from another State, the District of Columbia, United States territory or any branch of the United States military.

Part I of this section is to be completed by the candidate. A copy of this form, with Part I completed, must be mailed to each state/territory in which the candidate currently holds or has previously held certification, or to the military credentialing official in which the candidate currently is, or previously was, on active duty.

Part II is to be completed by the out-of-state certification agency or military official, and the returned to the candidate in a **SEALED ENVELOPE** with the signature of the state/military official across the seal. Once returned, the candidate must submit the **SEALED ENVELOPE** to Georgia Firefighters Standards and Training Council, along with the other documents included with this packet and all requested documentation.

The Georgia Firefighter Standards and Training Council can only grant reciprocity for ProBoard (NPQ) National Professional Qualifications) and International Fire Service Accreditation Congress (IFSAC) certificates. In order for these certifications to be accepted, they must have the proper visible and legible seals and certification numbers. **Implied seals from IFSAC or ProBoard will not be accepted.**

If you have a Department of Defense (DOD) certificate and you would like to have reciprocity granted, you must go through the ProBoard via their website www.theproboard.org

After completing the Reciprocity Request Package, please attach a copy of your certificate(s) for verification. GFSTC no longer issues ProBoard applications for reciprocity.

Please submit the Reciprocity Request form by mail.

Address:
Georgia Firefighter Standards and Training Council
1000 Indian Springs Drive
Forsyth, Georgia 31029

**Any questions please contact us at:
478-993-4516**

A person who knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact; makes false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of state government of the government of any county, city, or other political subdivision of this state shall, upon conviction thereof, be punished by a fine of not more than \$1000.00 or by imprisonment for not less than one nor more than five years or both.

Revised 2017



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PART I – TO BE COMPLETED BY CANDIDATE

PLEASE INDICATE THE LEVEL OF CERTIFICATION FOR WHICH YOU ARE REQUESTING VERIFICATION.*				
<input type="checkbox"/> VOLUNTEER SUPPORT	<input type="checkbox"/> VOLUNTEER SUPPRESSION	<input type="checkbox"/> FIREFIGHTER		
LEGAL LAST NAME*	LEGAL FIRST NAME*	LEGAL M. I.	GSFTC ID#	
HOME ADDRESS (STREET)*			P.O. BOX	
CITY*	STATE/TERRITORY*	ZIP CODE*	COUNTY OF RESIDENCE*	
HOME PHONE NUMBER*	WORK PHONE NUMBER*	CELL PHONE NUMBER*		
E-MAIL ADDRESS*		SECONDARY E-MAIL ADDRESS		
LAST 4 SSN# *	D.O.B.*	CERT. NUMBER*	STATE*	EXPIRATION DATE*

IF TRAINING IS COMPLETED AT MORE THAN ONE SITE, FORWARD A COPY OF THIS FORM TO EACH SITE FROM WHICH CREDIT FOR TRAINING IS SOUGHT

PART II – TO BE COMPLETED BY THE STATE CERTIFYING AGENCY OR MILITARY, AND RETURNED TO CANDIDATE

CERTIFICATION NUMBER *	EXPIRATION DATE*		
<input type="checkbox"/> VOLUNTEER SUPPORT	<input type="checkbox"/> VOLUNTEER SUPPRESSION	<input type="checkbox"/> FIREFIGHTER	
CERTIFICATION STATUS*			
<input type="checkbox"/> CURRENT	<input type="checkbox"/> LAPSED	<input type="checkbox"/> INACTIVE	<input type="checkbox"/> REVOKED
THE ABOVE CERTIFICATION WAS ISSUED BASED UPON *			
<input type="checkbox"/> Initial training completed within your State/Territory	<input type="checkbox"/> Recertification through continuing education		
<input type="checkbox"/> Reciprocity from (State) _____	<input type="checkbox"/> Other (please explain) _____		
<input type="checkbox"/> Yes <input type="checkbox"/> No Did the training meet or exceed the NFPA 1001 standard for fire fighter professional qualifications?			
<input type="checkbox"/> NFPA Level and Edition _____	<input type="checkbox"/> Total number of hours in training _____		
<input type="checkbox"/> Total number of classroom hours _____	<input type="checkbox"/> Total number of online hours _____		
<input type="checkbox"/> Total number of practical hours _____			
(If the answer is "NO", please submit the course curriculum and description.)			

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PART II (continued)

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did the candidate pass one or more written examinations that test knowledge to provide firefighter services? *
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did the candidate pass a state examination to obtain certification at the completion of the course? *
Test Date _____		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did the candidate pass one or more practical examinations that test skills and ability to provide firefighter services? *
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did the candidate pass a state practical examination to obtain certification at the completion of the course? *
Test Date _____		
Was the training recognized by the Pro Board Fire Service Professional Qualifications or International Fire Service Accreditation Congress? *		
<input type="checkbox"/> Yes (If yes, please attach a copy of the certificates.)		
<input type="checkbox"/> No		
Has the candidate incurred any disciplinary proceedings in your state, or are there disciplinary proceedings pending? *		
<input type="checkbox"/> Yes (If yes, please attach certified copies of any actions.)		
<input type="checkbox"/> No		
Has the candidates' certification ever been limited, denied, surrendered, reprimanded, suspended, or revoked? *		
<input type="checkbox"/> Yes (If yes, please attach certified copies of any actions.)		
<input type="checkbox"/> No		
To your knowledge, has the candidate ever been convicted of a misdemeanor, other than a minor traffic offense, or a felony? *		
<input type="checkbox"/> Yes (If yes, please explain.) _____		
<input type="checkbox"/> No		
Do you know of any reason why certification in Georgia should be denied? *		
<input type="checkbox"/> Yes (If yes, please explain.) _____		
<input type="checkbox"/> No		

Did the candidate's training include the following? (Check all boxes that apply, indicate hours and provide total hours at the end.)

TOPIC	HOURS	TOPIC	HOURS
<input type="checkbox"/> Hazardous Materials Awareness		<input type="checkbox"/> Live Fire Training	
<input type="checkbox"/> Hazardous Materials Operations		<input type="checkbox"/> Emergency Vehicle Operation Course	
<input type="checkbox"/> NIMS IS/ICS-100		<input type="checkbox"/> NIMS IS-700	
<input type="checkbox"/> Fire Department Organization and Safety		<input type="checkbox"/> Rescue	
<input type="checkbox"/> Prevention, Fire Education, and Cause		<input type="checkbox"/> Water Supplies	
<input type="checkbox"/> Ventilation and Tools		<input type="checkbox"/> Foam Fire Streams	
<input type="checkbox"/> Personal Protective Equipment/SCBA		<input type="checkbox"/> Fire Behavior	
<input type="checkbox"/> Fire Alarm and Communication		<input type="checkbox"/> Ropes	
<input type="checkbox"/> Fire Cause and Origin		<input type="checkbox"/> Forcible Entry	
<input type="checkbox"/> Fire Detection, Alarm, and Suppression		<input type="checkbox"/> Building Construction	
<input type="checkbox"/> Fire Hoses, Appliances, and Streams		<input type="checkbox"/> Ground Ladders	
<input type="checkbox"/> Overhaul		<input type="checkbox"/> Fire Extinguishers	
<input type="checkbox"/> Fire Control		<input type="checkbox"/> Emergency Medical Care	
		TOTAL NUMBER OF HOURS	

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PART II (continued)

Comments:	
Print Name of State/ Territory/ Military Official completing this form*	Title of State/ Territory/ Military Official completing this form*
State/ Territory/ Branch of Military *	Date *
Signature of Official Completing this form.*	Daytime Contact Phone Number *

After completing Part II, please return this form to the candidate in a sealed envelope with your signature across the seal. The candidate will be responsible for mailing the completed Verification of Firefighter Status for Reciprocity form, along with the Request for Reciprocity form and required documentation, to Georgia Firefighters Standards and Training Council for processing.

**DO NOT SUBMIT FORMS WITHOUT ALL REQUIRED DOCUMENTATION.
ALL REQUESTED INFORMATION SHALL BE SUBMITTED AS A PACKET.**

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