



West Virginia State Fire Commission

FIRE FIGHTER RECIPROCITY APPLICATION



THIS FORM MUST BE COMPLETED BY THE APPLICANT AND SUBMITTED WITH THE VERIFICATION OF FIRE FIGHTING TRAINING. INCOMPLETE FORMS WILL NOT BE PROCESSED.

APPLICANT INFORMATION			
LAST NAME	FIRST NAME	MI	
HOME ADDRESS		PO BOX	
CITY	STATE	ZIP CODE	COUNTY OF RESIDENCE
HOME PHONE NUMBER	WORK PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS
DATE OF BIRTH	STATE OR MILITARY BRANCH WHERE CERTIFIED		
INDICATE LEVEL OF FIRE CERTIFICATION FOR WHICH YOU ARE SEEKING RECIPROCITY			
<input type="checkbox"/> FIRE FIGHTER ONE		<input type="checkbox"/> FIRE FIGHTER TWO	
1. Did you complete a fire fighter training program in another state or with The DOD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
2. Were you issued IFSAC or Pro Board certification for this training?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
3. Was this training in a structured course?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
4. Did you pass a written examination to obtain certification at the completion of the course?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
5. Did you pass a practical examination to obtain certification at the completion of the course?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
7. Did you complete the National Incident Management System IS-100 and IS-700 courses approved by FEMA? (Attach certificate, if yes.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
8. Do you have a current certification in First Aid and CPR (Attach card, if yes.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
9. Has your certificate as a fire fighter ever been suspended or revoked?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WV FIRE DEPARTMENT YOU ARE AFFILIATED WITH:			
CHIEF'S NAME PRINTED		CHIEF'S SIGNATURE	
YOU MUST ALSO ATTACH COPIES OF TRAINING FOR FIRE FIGHTING, PROOF OF COMPLETION OF NIMS TRAINING AND VERIFICATION OF TRAINING FORM. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.			
<u>FIRE RECIPROCITY APPLICANTS</u>			
I attest that all information provided in this application package is true and accurate to the best of my knowledge.			
X			
SIGNATURE OF APPLICANT		DATE	

RETURN COMPLETED FORMS TO:

Attn: Certification and Reciprocity
 WVPST - Wheeling
 c/o WVNCC Wheeling Campus
 1704 Market Street, Room 405
 Wheeling, WV 26003

OR

Attn: Certification and Reciprocity
 WVU State Fire Academy
 2600 Old Mill Road
 Weston WV 26542

VERIFICATION OF FIRE FIGHTING TRAINING

THIS FORM MUST BE COMPLETED BY THE STATE CERTIFYING AGENCY, OR THE AGENCY UNDER WHICH THE CERTIFICATION WAS ISSUED (*EXCEPTION IFSAC OR PRO BOARD CERTIFICATIONS*), AND THEN RETURNED TO THE CANDIDATE IN A SEALED ENVELOPE WITH THE SIGNATURE OF THE AGENCY OFFICIAL ACROSS THE SEAL. ONCE RETURNED, THE CANDIDATE MUST SUBMIT THE SEALED ENVELOPE TO WVPST OR WVU-FSE, ALONG WITH THE OTHER FORM AND REQUESTED DOCUMENTATION.

INCOMPLETE FORMS WILL NOT BE PROCESSED

TOPIC	NFPA 1001 STANDARD				
Orientation and History of the Fire Service	5.1.1	5.1.2			
Incident Command System	6.1.1	6.1.2			
Firefighter Safety & Health	5.1.1	5.3.2	5.3.3	5.3.4	5.3.5
Fire Service Communication	5.2.1	5.2.2	5.2.3	6.2.1	6.2.2
Building Construction	5.3.4	5.3.10	5.3.12	6.3.2	
Fire Behavior	5.3.10	5.3.11	5.3.12		
Personal Protective Equipment and Self-Contained Breathing Apparatus	5.1.1 5.5.1	5.1.2	5.3.1	5.3.2	5.3.3
Portable Fire Extinguishers	5.3.16	5.5.1			
Ropes and Knots	5.1.2	5.3.2	5.3.20	5.5.1	
Search and Rescue, Firefighter Survival	5.2.4 6.5.4	5.3.1	5.3.5	5.3.9	6.4.2
Scene Lighting, Portable Power	5.3.17	6.5.4			
Forcible Entry	5.3.4	5.3.14	5.5.1		
Vehicle Extrication	6.4.1	6.4.2			
Ground Ladders	5.3.6	5.3.9	5.3.11	5.3.12	
Ventilation	5.3.11	5.3.12	6.3.2		
Water Supply	5.3.15				
Fire Hose and Fire Streams	5.3.8 6.5.5	5.3.10	5.3.15	5.5.2	6.3.1
Fire Control & Controlling Building Utilities	5.3.7 5.3.15 6.3.3	5.3.8 5.3.18	5.3.10 5.3.19	5.3.13 6.3.1	5.3.14 6.3.2
Salvage and Overhaul	5.3.10	5.3.13	5.3.14	5.5.1	
Fire Origin and Cause	5.3.8	5.3.13	5.3.14	6.3.4	
Fire Protection Systems	6.5.3				
Fire Safety	5.1.1	6.5.1	6.5.2	6.5.3	

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TOPIC	NFPA 472 STANDARD			
Hazardous Materials: Overview	4.1.1.1 4.2.1 5.1.1.1 6.2.2	4.1.4.2 4.4 5.1.1.2 6.2.3	4.1.1.3 4.4.1 5.1.1.3 6.2.4	4.1.2 5.1.1 6.2.1 6.6.1.2.1
Hazardous Materials: Properties and Effects	4.1.2.1	4.1.2.2	4.2.1	
Hazardous Materials: Recognizing and Identifying the Hazards	4.1.2.1 4.2.3 5.2.1 5.2.1.1.3 5.2.1.2 5.2.1.3.2 5.2.1.6	4.1.2.3 5.1.2 5.2.1.1 5.2.1.1.4 5.2.1.2.2 5.2.1.3.3	4.2.1 5.1.2.2 5.2.1.1.1 5.2.1.1.5 5.2.1.3 5.2.1.4	4.2.2 5.2 5.2.1.1.2 5.2.1.1.6 5.2.1.3.1 5.2.1.5
Hazardous Materials: Implementing a Response	4.1.2.1 4.4.1 5.3.2	4.1.2.2 4.4.2 5.4.3	4.2.1 5.2.1.4 5.5.2	4.2.3 5.3.1
Hazardous Materials: Personal Protective Equipment, Scene Safety and Scene Control	5.3.3 6.2.1.1.2 6.2.4.1	5.4.1 6.2.1.1.3 6.6.5	5.4.4 6.2.1.1.4 6.6.3.3	6.2.1.1.1 6.2.3.1
Hazardous Materials: Response Priorities and Actions	5.4 5.6 6.6.3.1 6.6.3.3	5.4.2 6.6.1.2.2 6.6.4	5.5 6.6.2 6.6.4.1	5.5.1 6.6.3 6.6.5
Hazardous Materials: Decontamination Techniques	5.3.4	6.6.4.2		

Has the candidate incurred any disciplinary proceedings in your state or territory, or are there disciplinary proceedings pending? *

YES (If yes, please attach certified copies of any actions.)

NO

Has the candidate's certification / license ever been limited, denied, surrendered, reprimanded, suspended, or revoked? *

YES (If yes, please attach certified copies of any actions.)

NO

To your knowledge, has the candidate ever been convicted of a misdemeanor, other than a minor traffic offense, or a felony? *

YES (If yes, please explain.) _____

NO

Do you know of any reason why certification in West Virginia should be denied?

YES (If yes, please explain.) _____

NO

INCOMPLETE FORMS WILL NOT BE PROCESSED

PRINT VERIFIER'S NAME	TITLE	
VERIFIER'S SIGNATURE	AGENCY	
ADDRESS	DATE	PHONE NUMBER
CITY	STATE	ZIP CODE

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