



**New Hampshire Department of Safety
Division of Fire Standards and Training and Emergency Medical Services**

33 Hazen Drive, Concord, NH 03305 1-800-371-4503 or 603-223-4200 FAX: 603-271-1091

RECIPROCITY APPLICATION

This application shall be used solely for the purpose of applying for Certification Reciprocal Credit base upon Nation Board of Fire Service Professional Qualifications.

Please print all information legibly as it will appear on your permanent records.

Section 1: PERSONAL INFORMATION

Name: _____ Sex: M__ F__ Last 4 digits of SSN- _____ DOB: __-__-_____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address: _____ Rank in Dept. _____
Department / Agency: _____ Career: _____ Volunteer: _____ Call: _____
Agency Phone: _____ Agency Fax: _____

Section 2: APPLICANT SIGNATURE

By my signature, I certify that the above information is true and correct to the bet of my knowledge.

Applicant Signature: _____ **Date:** _____

Section 3: FEE SCHEDULE

Firefighter I: \$100.00
Firefighter II: \$80.00
Fire Officer III & IV: \$400
All other Certifications: \$60

Section 4: PERSONAL PAYMENT INFORMATION

____ Personal Check ____ Money Order / Bank Check
____ VISA ____ Master Card ____ American Express
Full name listed on card: _____
Card number: _____ Exp: _____ V Code #: _____
(3 digit # on the back of card)
Amount: _____
Signature: _____

STAFF USE ONLY

Please remit application, supporting documentation and fee to:

Division of FST & EMS - Reciprocity Secretary
33 Hazen Drive
Concord, NH 03305