



Nebraska State Fire Marshal – Training Division

Request for Certificate of Reciprocity



Reciprocity Policy

Individuals in possession of certification from another certification entity may request reciprocity from the Nebraska State Fire Marshal – Training Division. The SFM-TD will only grant reciprocity for the levels of certification that we are currently accredited to by IFSAC and/or Proboard. The SFM-TD will not provide a new IFSAC or Proboard certification seal number or certificate as the individual has already attained national certification and recognition at said level. You must be a current member of a recognized emergency response agency in Nebraska before reciprocity will be granted. The fee for reciprocity for each certification is \$15.00.

First Name: _____ Middle Initial: ____ Last Name: _____

Mailing Address: _____ City: _____

State: ____ Zip Code: _____ Phone: _____ DOB: _____ Last 4 of SSN: _____

E-mail Address: _____

Current Fire Department/Organization: _____

Type of Reciprocity:

- | | |
|---|---|
| <input type="checkbox"/> Hazardous Materials Operations Level | <input type="checkbox"/> Instructor I |
| <input type="checkbox"/> Hazardous Materials Technician Level | <input type="checkbox"/> Fire Officer I |
| <input type="checkbox"/> Firefighter I | <input type="checkbox"/> Fire Officer II |
| <input type="checkbox"/> Firefighter II | <input type="checkbox"/> Apparatus Driver Operator - Pumper |

Certification Date: _____ Certification Location: _____

IFSAC Seal Number: _____ Proboard Seal Number: _____

Payment Method

Ensure that your payment is enclosed with the request form and copy of your certification certificate. Without payment, we will not be able to process your order. We accept money order, checks and online payment.

You can mail your reciprocity form and payment to:
 State Fire Marshal – Training Division
 3347 West Capital Avenue
 Grand Island, NE 68803

Or you can e-mail this form if you have paid online to corina.kuta@nebraska.gov
 Online Payment Website: <https://sfm.nebraska.gov/fees>

For Internal Use Only

Date Received: _____ Date Approved: _____ Date Mailed: _____