



Louisiana Fire and Emergency Training Academy Certification Program Application for Reciprocity

Reciprocity is only given to current Louisiana Fire Department personnel

Applicant's Full Name: _____

Home Address: _____ City & State: _____

Zip Code: _____ Contact Phone Number: _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____

International Fire Service Accreditation Congress/Proboard Information

Requested Level of Certification: _____

IFSAC/Proboard Entity Granting Certification: _____

Date of Certification: _____ IFSAC/Proboard Seal Number: _____

I am a member of the: _____ Fire Department in: _____ Parish

I hereby declare that the information on this application for reciprocity is true and correct. I have included a photocopy of the original IFSAC/Proboard certificate if available, indicating the IFSAC/Proboard seal number as well as all official signatures. I understand that, if my application is accepted and approved, receiving a reciprocity certificate means that the Louisiana Firefighter and Emergency Response Certification Program recognizes the previously obtained seal, they will not issue a new seal. Furthermore, I wish to establish Reciprocity for the above mentioned level of Certification.

Applicant Signature

Date

Reciprocity Certificates are \$30.00 each. If requesting more than one certificate, please use a separate application for each. Please allow 2-3 weeks for processing.

METHOD OF PAYMENT

☐ Check/Money Order (Payable to LASFM)

☐ Credit/Debit Card

* For security purposes, we will contact you via phone to obtain card information. Please provide the following contact information:

Contact Name: _____

Contact Phone Number: _____

Please return form and payment to:

Louisiana Fire & Emergency Training
Academy
Certification Office
6868 Nicholson Dr.
Baton Rouge, LA 70820

Telephone: (225) 251-6417

Fax: (225) 765-5050

Email: fetacert@la.gov

10/2022

For Office Use Only:

Date Received: _____

Date Verified: _____