



OHIO DEPARTMENT OF PUBLIC SAFETY
EMERGENCY MEDICAL SERVICES

FIREFIGHTER EQUIVALENCY APPLICATION

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

APPLICANT INFORMATION				
LAST NAME		FIRST NAME		MI
HOME ADDRESS			P.O. BOX	
CITY		STATE	ZIP CODE	COUNTY OF RESIDENCE
HOME PHONE NUMBER () - EXT.	WORK PHONE NUMBER () - EXT.	FAX NUMBER () - EXT.		E-MAIL ADDRESS
SOCIAL SECURITY NUMBER*	DATE OF BIRTH	STATE OR MILITARY BRANCH WHERE CERTIFIED		
*DISCLOSURE OF SOCIAL SECURITY NUMBER IS MANDATORY, PURSUANT TO SECTION 3123.50 OF THE OHIO REVISED CODE, IN FURTHERANCE OF LICENSING PROVISIONS AND ANY OTHER STATE OR FEDERAL REQUIREMENTS.				

INDICATE THE LEVEL OF FIRE CERTIFICATION FOR WHICH YOU ARE SEEKING EQUIVALENCY. PLEASE MARK ONLY ONE.

VOLUNTEER
 FIREFIGHTER 1
 FIREFIGHTER 2

- Did you complete a firefighter training program in another state or with The Department of Defense? YES NO
- Were you issued an IFSAC or Pro Board certification for this training? YES NO
- Was this training in a structured course? YES NO
- Did you pass a written examination to obtain certification at the completion of the course? YES NO
- Did you pass a practical examination to obtain certification at the completion of the course? YES NO
- Did you complete an Emergency Vehicle Operation Course that meets NFPA 1002 and NFPA 1451 guidelines? (Attach certificate, if yes.) YES NO
- Did you complete the National Incidental Management System IS-100 and IS-700 courses approved by FEMA? (Attach certificate, if yes.) YES NO
- Are you at least 18 years of age? YES NO
- Have you been convicted of a felony or misdemeanor other than a minor misdemeanor traffic violation? If yes, you must complete the Declaration of Criminal History form and submit supporting documentation. YES NO
- Has your certificate as a firefighter ever been suspended or revoked? YES NO

YOU MUST ALSO ATTACH COPIES OF CERTIFICATES OF TRAINING FOR FIREFIGHTING, PROOF OF COMPLETION OF NIMS TRAINING, DECLARATION OF MATERIAL ASSISTANCE FORM, AND VERIFICATION OF TRAINING FORM. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

FIRE EQUIVALENCY APPLICANTS

I attest that all information provided in this application package is true and accurate to the best of my knowledge. I understand that a false statement on this application package constitutes falsification under Section 2921.13 of the Ohio Revised Code and is a misdemeanor of the first degree and may also be grounds for denial, suspension, or revocation of my certificate to practice. I hereby give permission to the Ohio Department of Public Safety, Division of Emergency Medical Services, to verify any information contained in this application package.

SIGNATURE OF APPLICANT X	DATE
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