



## State Fire Marshal

Department of Commerce

Mike DeWine, Governor Jim Tressel, Lt. Governor Sherry Maxfield, Director

[com.ohio.gov](http://com.ohio.gov)

### RECIPROCAL INDIVIDUAL FIRE PROTECTION CERTIFICATION APPLICATION

Select the type of credential you are using to apply for an Ohio Reciprocal license (must choose one):

I hold a substantially similar Out of State License or Government Certification in the same profession or occupation for which I am seeking a Reciprocal license.

I hold a Private Certification in the same profession or occupation for which I'm seeking a Reciprocal license (you can only apply for this if your state does not issue a license for the occupation).

I have Adequate Work Experience but I don't have an Out of State License, Government Certification or Private Certification (you can only apply for this if your state does not issue a license for the occupation).

Provide the complete name/title of your out of state license, government certification or private certification you are using to apply for reciprocity in Ohio.

Were you required to pass an exam to obtain your out of state license, government certification or private certification? Yes or No

Provide the month and year that you obtained your out of state license, government certification or private certification \_\_\_\_\_

- Out of state license or government certification must be held at least one year prior to the date the application is received by the State Fire Marshal. Private certification must be held at least two years prior to the date the application is received AND your state does not issue a license for the occupation.

Have you ever had a license, government certification or private certification revoked, suspended, or surrendered? Yes or No

- If yes, please explain (attach explanation separately if needed).

Have you ever been convicted of, found guilty of, or plead guilty to a criminal offense, not including minor traffic violations? Yes or No

- If yes, please explain (Attach your explanation separately if needed).

Provide the date range for the time period that you were actively engaged in the occupation/profession \_\_\_\_\_ (Ex; February 2015-present)



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### WORK EXPERIENCE APPLICANTS ONLY:

Describe the work experience that qualifies you for the reciprocal license.

Does your home state issue a license similar to the reciprocal license you are applying for?

Yes or No

- You will not be issued a reciprocal license if your work experience was gained in a state that issues a fire protection license, in accordance with Ohio Revised Code Section 4796.05(B)(1)(a).

Provide the date range for the time period that you were engaged in the occupation/profession  
\_\_\_\_\_ (Ex; February 2015-present)

- Applicant must be engaged in the profession at least 3 of the 5 years prior to the date the application is received by the Ohio State Fire Marshal.

Provide proof that you have adequate work experience such as a resume, referral list of ten companies that employed you with their contact info, invoices, inspection reports, etc. The referred work must have been completed within 3 years of the date the application is received by the State Fire Marshal.

**Instructions:**

1. Applications must be typewritten or neatly printed.
2. **Application fee is \$35.00 per category.** Make check(s) or money order(s) payable to **Treasurer, State of Ohio.** **Application fee(s) are non-refundable. We do not accept cash.** Submit this application to:  
**Division of State Fire Marshal**  
**Testing & Registration Bureau 8895 E. Main St.**  
**Reynoldsburg, OH 43068**  
**Phone # (614)752-7126 or 1(877)264-0023**  
**Fax to (614)995-4206**  
**Email address: [webfmtr@com.ohio.gov](mailto:webfmtr@com.ohio.gov)**
3. Pursuant to Ohio Administrative Code Section 1301.7-7-09(P)(9), OFC 916.9 “an individual must be a company certified pursuant to paragraph (P)(4)(OFC 916.4) of this rule or must be associated with a certified company when such individual engages in the business of servicing, testing, repairing or installing fire protection or firefighting equipment for profit.”
4. Provide proof of your out of state license, government certification, private certification (ex; a copy of the license).
5. Provide a letter of good standing where your out of state license, government certification or private certification is held. If you hold this type of license in multiple states, you must provide a certificate or proof of good standing/license status for all jurisdictions in which you are licensed/certified.

**If applying for categories Engineered Extinguishing Equipment Other Than Water (6), Pre-Engineered Extinguishing Equipment Other Than Water (7), Aerosol Extinguishing Equipment (9):**

Were you required to complete manufacturer training when you obtained the out of state license, government certification or private certification you are using to apply for the Ohio reciprocal license?    Yes or    No

Were you required to provide proof of approval to work on the manufacturer’s engineered or pre- engineered systems when you obtained the out-of-state license, government certification or private certification you are using to apply for the Ohio reciprocal license?    Yes or    No

Were you required to provide inspection reports demonstrating that you witnessed the code compliant installation/major repairs of ten (10) engineered or pre-engineered systems when you obtained the out-of-state license, government certification or private certification you are using to apply for the Ohio reciprocal license?    Yes or    No

If yes, provide proof that the credential you are using to apply for reciprocity also required the above from you.”

APPLICATION FOR INDIVIDUAL FIRE PROTECTION CERTIFICATION - RECIPROCITY

FOR OFFICE USE ONLY

54-91-

INDIVIDUAL INFORMATION:

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
(Legal Name as it appears on Government Issued I.D.)

ADDRESS: \_\_\_\_\_ SSN \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ COUNTY: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ COMPANY LICENSE#: \_\_\_\_\_

CATEGORIES: \$35.00 per category, non-refundable

1. AUTOMATIC SPRINKLER AND STANDPIPE
2. FIRE SERVICE MAINS
3. FIRE PUMPS
4. FIRE ALARM AND DETECTION EQUIPMENT (Residential and Commercial)
5. PORTABLE FIRE EXTINGUISHERS
6. ENGINEERED EXTINGUISHING EQUIPMENT OTHER THAN WATER (OTW)
7. PRE-ENGINEERED EXTINGUISHING EQUIPMENT OTHER THAN WATER (OTW)
8. HOUSEHOLD FIRE WARNING EQUIPMENT ONLY (Residential)
9. AEROSOL EXTINGUISHING EQUIPMENT
10. DIESEL FIRE PUMP TECHNICIAN

TOTAL \$ \_\_\_\_\_

Under penalties of perjury, the undersigned hereby acknowledges and attests that this application, including any attachments submitted in paper or otherwise, constitutes a complete, truthful, and correct statement of information requested herein. I understand any false or fraudulent representation or substantial misrepresentation may be grounds for revocation of any license granted by the Division of Fire Marshal and could result in other legal action initiated against me, including but not limited to criminal prosecution.

Applicant Signature

Date



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### IRREVOCABLE CONSENT TO LEGAL SERVICE

I, \_\_\_\_\_, whose residence is at  
(Name)

\_\_\_\_\_ in \_\_\_\_\_  
(Street Address) (City) (State)

after full disclosure of the intended use here of do hereby consent irrevocably to service of process from any and all courts, administrative agencies and administrative boards having competent subject matter jurisdiction over any and all activities which I may undertake as a holder of an occupational license in Ohio.

I also hereby irrevocably waive any and all rights I may otherwise have to challenge the jurisdiction over my person of all such courts, administrative agencies and administrative boards.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date