Application for Credential Reciprocity

What Position are you applying for? Each position requires a separate application. *(Select Position Typing if known)*:	
Position:	Position Type:
If Other, specify below:	

What relevant credential do you currently hold?	

Your Name:	***Current Title or Rank:***
Agency or Department:	***Phone:***
Address:	***City, State, Zip:***
Email:	

SIGNATURE

By signing below, I hereby certify that the information recorded on this application is true and correct. I understand that intentionally providing false or inaccurate information may result in rejection of this application and future applications may not be considered. I have read and understand the physical/medical fitness levels required for this position and will follow the NIMS guidance and MT All-Hazard Resource Qualifications System Guide for evaluation and maintenance.

Applicant Signature	**Date**

NARRATIVE

Use this space to provide additional background or context to the current credential you have and why you are seeking an all-hazard credential.

INSTRUCTIONS

Use this form to apply for reciprocity of a credential you already hold (*e.g. Red Card or AH Blue Card from another State*). Direct any application-related questions to: **mtdesprep@mt.gov**

- ☐ Include copy of current credential.
- ☐ **Submit via email to: mtdesprep@mt.gov**
  - or via hardcopy to:
    MTDES
    ATTN: State Qualification Review Committee
    1956 Mt. Majo St.
    Ft. Harrison, MT 59636