



Division of Fire Safety
VERMONT FIRE ACADEMY
93 Davison Drive
Pittsford, VT 05763
802-483-2755 / 800-615-3473
FAX: 802-483-2464
www.firesafety.vermont.gov



Dear Candidate:

The State of Vermont and the participating Fire Departments allow for reciprocity for successful completion of the Candidate Physical Ability Test (CPAT) from another licensed jurisdiction. Candidates requesting reciprocity must complete and submit the following:

1. The attached “Request for Reciprocity” application.
2. Valid proof of successful completion of the CPAT. This proof must include the issuing jurisdiction’s license number and the date of successful completion.

If reciprocity is granted your contact information will be submitted to all Vermont Departments that require CPAT testing for hiring.

This reciprocity application packet is available for download on the Vermont Fire Academy website at <http://firesafety.vermont.gov/academy/cpat> or can be picked up at the Vermont Fire Academy offices located at 93 Davison Drive, Pittsford, Vermont 05763.

If you have any questions regarding CPAT reciprocity or the entry level fire fighter testing process, please send an email to DPS.VFACPAT@vermont.gov.



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COMPLETE THIS APPLICATION TO REQUEST RECIPROCITY FOR THE CANDIDATE PHYSICAL ABILITY TEST VERMONT ENTRY LEVEL FIREFIGHTER EXAMINATION

ONLY COMPLETE THIS FORM IF YOU ARE REQUESTING RECIPROCITY.

Personal Information			
First Name:	Middle Initial:	Last Name:	
Mailing Address:			
City:	State:	Zip Code:	
Home Phone:	Work Phone:	Other Phone:	
E-Mail:			
Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Student ID Number: -	The Student ID consists of your initials and the last 4 digits of your social security number. (ABC-1234)		
Ethnicity (IAFC/IAFF reporting requirement):			
<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian	<input type="checkbox"/> African American or Black	
<input type="checkbox"/> White	<input type="checkbox"/> Native American	<input type="checkbox"/> Hawaiian or Pacific Islander	
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Two or More	<input type="checkbox"/> Other:	
Are you at least 18 years old?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you earned a high school diploma or GED?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
List Firefighter Certifications:			
List EMS Certifications:			
Specify College Degrees (majors):			
Proof of successful completion of the IAFF / IAFC Candidate Physical Ability Test (CPAT) must be included with this application. This proof must be from a licensed CPAT jurisdiction and include the testing agency's name, IAFF / IAFC License Number, name of candidate, date of successful completion, and contact information for testing agency.			
Your signature below authorizes the Vermont Division of Public Safety, Division of Fire Safety to release your written and physical ability test results to all departments participating in the testing process and the International Association of Fire Fighters (IAFF) in accordance with the licensing agreement.			
Applicant Signature:			Date:
- OFFICE USE ONLY -			
Date Received:	Approved:	Denied:	Comments: