

Firefighter Certification Board of New Brunswick (FCPNB)

Office of the Fire Marshal
Department of Justice and Public Safety
2nd Floor, Gibson Place
12 McGloin St, Fredericton NB E3A 5T8

Phone: 506-453-2004
Fax: 506-457-4899
Email: FCPNB@gnb.ca

CERTIFICATION RECIPROCITY APPLICATION

NOTE:

- *Candidate is responsible to mail in all pertinent documentation*
- *Application must be original, all other documentation may be copies*
- *FCPNB will not accept faxed or emailed applications*

Candidate Information – please print clearly and do not use initials [\(please provide supporting documentation\)](#)

Surname	First Name	Middle Name
Address		
City	Province	Postal Code
Birth Date (mm/dd/yyyy)	Email	Phone Number (incl. area code)

Fire Department or Agency Information

- Permanent
- Volunteer
- Industrial

Fire Department or Agency Name

Fire Department or Agency Mailing Address

City	Province	Postal Code
Email	Phone Number of Fire Department or Agency (ensure area code is included)	

By my signature below, I certify that the above information is true and correct to the best of my knowledge. I understand that intentionally making a false statement on this application is a crime. The holder of any certification obtained in such a manner, through fraud or misrepresentation of material fact, will be subject to decertification as per Section 16 of the FCPNB Policy and Procedure, Roles and Responsibility document.

Signature: _____

Date: _____