



# Fire Service Communications

## RECERTIFICATION

### **PROCESSING TIME**

- Please allow 3 weeks from the time of submission of your recertification application for it to be processed.

### **RESPONSIBILITIES OF RECERTIFICATION PROCESS**

- Recertification is considered an individual's personal responsibility. If you expect your employer to complete and submit the recertification packet and processing fee, and they fail to do so, your certification will lapse.

### **INCOMPLETE RECERTIFICATION PACKET SUBMISSION**

- Incomplete recertification packets will be returned to the listed address on this form. Corrected recertification packet must be returned to APCO within 30 days in order to be considered for recertification.
- Corrected recertification packets received after 30 days will incur late fees.
- Recertification packet completion and submission is the applicant's sole responsibility.

### **MAILING RECERTIFICATION PACKETS**

- APCO recommends you submit your recertification packet utilizing a traceable or verifiable means of delivery confirmation. NOTE: APCO is not responsible for lost mailings.



Email Form To: [recert@apointl.org](mailto:recert@apointl.org)

Or Mail to:

APCO International  
351 N Williamson Blvd.  
Daytona Beach, FL 32114  
Phone: 888-272-6911

# Fire Service Communications Recertification Form

**Please fill out completely**

**Today's Date** \_\_\_\_\_

**Name** \_\_\_\_\_

**APCO Membership # (if applicable)** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Daytime Phone Number** \_\_\_\_\_

**Fax** \_\_\_\_\_

**Agency** \_\_\_\_\_

**Agency Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Current Certification Expiration date** \_\_\_\_\_

## Recertification Requirements:

\_\_\_ I have completed the online FSC refresher quiz (attach copy of completion certificate)

\_\_\_ I have completed and attached the Continuing Education Reporting Form

## Method of Payment \$30 (US Funds Only)

\_\_\_ Check

\_\_\_ Purchase Order (New Jersey mail original PO only)

\_\_\_ VISA Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

\_\_\_ Master Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

\_\_\_ Discover Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

\_\_\_ AMEX Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Email Address of Cardholder \_\_\_\_\_

Signature \_\_\_\_\_

