



FIRE PROTECTION BUREAU
LICENSING AND CERTIFICATION PROGRAMS
PO Box 42642
Olympia WA 98504-2642
(360) 596-3914 FAX: (360) 596-3934



THIS PACKET IS ONLY FOR THOSE
SEEKING TO:

**UPDATE ADDRESS AND/OR CONTACT
DATA FOR THEIR LICENSING AND/OR
CERTIFICATION RECORD**

THIS FORM CAN ONLY BE UTILIZED BY THE COMPANY
OR INDIVIDUAL THE LICENSE OR CERTIFICATE WAS
ISSUED TO – THE RECORD HOLDER

PLEASE READ ALL ASSOCIATED INSTRUCTIONS



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Please read all of these instructions carefully. Incomplete and/or illegible documentation may delay our ability to process a request and can result in immediate denial/rejection. ANY missing, illegible, or incomplete attempt to update/correct existing information will simply compound the issue and delay the update even further, if not prevent it outright.

In order to update your existing sprinkler licensing and/or certification records with this office, you must:

- 1) **BE CURRENTLY** licensed or certified by this office. If you are expired, your request will be discarded.
- 2) This form updates multiple records but for only ONE (1) record holder. While a licensed fire sprinkler system contractor can change their information on this one form, they cannot alter the individual certification record of anyone they employ **UNLESS** the licensee and the record holder are one and the same.

However, a single individual can update their record as a Level 3 Certificate of Competency Holder, Inspection and Testing Technician, and Journey Fitter with this single submission.

- 3) This form can ONLY update the following information:
 - a. Contact name – specifically for licensed sprinkler contractors
 - b. Mailing address
 - c. Phone number
 - d. FAX number
 - e. E-Mail
- 4) This form CANNOT change the following:
 - a. Who is licensed/certified, as ALL licenses and certifications are non-transferrable.
 - b. Legally Recognized/Corporate Name – use the Legal Name Change Form for this action.
 - c. The employer for a Certificate of Competency Holder – use the Certification Transfer Form.
- 5) The record holder must fill this form out completely and sign the form. Unsigned or undated forms are considered incomplete and incomplete paperwork can be rejected outright.
- 6) There is no cost involved with this action. License and certificate holders are, however, **OBLIGATED** to maintain such information accurately and in a timely fashion with this office at all times.
- 7) Leave **NOTHING** blank in this application. Use “NOT APPLICABLE,” “DOES NOT APPLY,” “NO CHANGE,” or other similar mark as appropriate.
- 8) Print legibly, complete electronically, or have it typed. If it cannot be read, it CAN BE REJECTED.
- 9) Return **ALL** portions of this document marked “MUST RETURN AS PART OF THE APPLICATION.” Unless otherwise instructed, partial or incomplete submissions – on any level – **WILL** be discarded.
- 10) Submit the application completed in its entirety to:
Fire Protection Bureau Licensing Programs at Post Office Box 42642 in Olympia, WA 98504-2642.
- 11) A completed and otherwise legal to issue application can take between two (2) and ten (10) working days to process and issue, depending on the circumstances.

INCOMPLETE/ILLEGIBLE SUBMISSIONS WILL BE DELAYED OR SUMMARILY REJECTED

LICENSING AND/OR CERTIFICATION RECORD UPDATE



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Date Received

RECORD UPDATE: CHANGE OF ADDRESS INFORMATION

This form is **ONLY** for use by a currently licensed and/or certified individual or company who wishes to change some aspect of their record with our office. Information that can be changed by this form includes address, phone number, FAX number, and/or E-Mail address and only the record holder – the person or company the license or certification was issued to – can submit this change request.

CURRENT RECORD HOLDER INFORMATION (LICENSE OR CERTIFICATE)	
Washington State Specialty Contractor Number:	_____
Licensing/Certification Number of Record Holder:	_____
Complete Name of Record Holder:	_____
Complete Business Name of Record Holder:	_____
Complete Business Contact Name:	_____
Complete Mailing Address:	_____ _____
Phone Number:	_____
FAX Number:	_____
E-Mail Address:	_____

UPDATED CONTACT INFORMATION FOR RECORD HOLDER	
Complete Business Contact Name:	_____
Complete Mailing Address:	_____ _____
Phone Number:	_____
FAX Number:	_____
E-Mail Address:	_____

Check All Licenses and/or Certifications Held by the Record Holder
Only Valid for One Record Holder (i.e., A Fire Sprinkler Contractor **OR** a Fitter Trainee)

Business or Company Licensing Record to be Updated

- Level 1
 Level 2
 Level 3
 Level U
 Level I&T

Individual Licensing or Certification Record to be Updated

- Level 1
 Level 2
 Level 3
 Level U
 Level ITT
 Residential Fitter
 Journey Fitter
 Fitter Trainee

Signature of Record Holder (who license/certification was issued to)

Date of Signature

LICENSING AND/OR CERTIFICATION RECORD UPDATE



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FEE SUBMITTAL: RECORD UPDATE

Licensee/Certificate Holder: _____	
Licensing and/or Certification Fees	Total Cost of Update
ALREADY PAID	\$ 0.00

- 1) Complete this form by writing the name of the record being updated. This could be either an individual or a corporate entity, depending on the records being updated.
- 2) Include ALL forms marked "MUST RETURN AS PART OF THE APPLICATION." Unless otherwise instructed, partial or incomplete submissions – on any level – WILL NOT be accepted and may be discarded.
- 3) Submit NO PAYMENT, as this is merely an administrative action.
- 4) Once received and verified as a valid update, the record is changed. While not necessarily posted to the web pages until the next routine update, this is generally completed within a single day of receipt.
- 5) There is no notification provided that the update has been made, as no new documentation is provided in this action. The changes for the most part are internal and not routinely disclosed through our compliance lists posted to our web pages.

LICENSING AND/OR CERTIFICATION RECORD UPDATE