



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:

**APPLY FOR A RESIDENTIAL LEVEL
FITTER CERTIFICATION**

PER RCW 18.270 – THE FIRE PROTECTION
SPRINKLER FITTING LAW

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 an application and can result in immediate denial/rejection.

To apply for **certification as a Residential Level Fitter** with the state of Washington, you will need:

- 1) Evidence that you possess the experience necessary to qualify for the certification examination of not less than four thousand (4,000) hours of trade-related experience installing and/or repairing residential fire protection sprinkler systems.
- 2) Only experience in the installation and/or repair of sprinkler systems is acceptable, which is demonstrated by:
 - a. A single employer completing a single Verification of Hours Form confirming your experience.
 - b. Multiple employers each completing a Verification of Hours Form that combine to total the experience required.
 - c. A single Verification of Experience Form completed by a trade organization – such as a union.
 - d. Combinations of both verification forms and/or other methods are reviewed on a case-by-case basis, but all methods must successfully demonstrate the hours/experience required by law for the certification.
 - e. **ONLY** submit the Verification of Hours Form (from a contractor) **AND** a Verification of Experience Form (from a Trade Organization) **IF** you are submitting hours from both sources.

For the Verification of Hours, each form must represent contiguous hours of work by calendar year. Do not include breaks in service of greater than one year on any one form.

- 3) **DO NOT INCLUDE ANY FEES.** Unless notified otherwise, there are no fees associated with this certification.
- 4) Leave **NOTHING** in this application blank. Write “NOT APPLICABLE,” “DOES NOT APPLY,” or other similar mark. You are also responsible for correctly identifying your employer by their full (licensing) name.
- 5) Submit the application completed in its entirety to:
Fire Protection Bureau Licensing Programs at Post Office Box 42642 in Olympia, WA 98504-2642.
- 6) Print legibly, complete electronically, or have it typed. If it cannot be read, it WILL BE REJECTED.
- 7) 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.
- 8) Include a copy of a valid government-issued photo identification that possesses a sample of your signature.
- 9) Once this completed and legible application is received and approved, you will be contacted to begin the examination scheduling processes. You **MUST** pass the certification examination in order to be certified and you WILL NOT be scheduled for the test until your application is approved. **NO EXCEPTIONS.**
- 10) Issuance of the certification is contingent upon successfully passing the certification examination. However, after passing the test, 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

RESIDENTIAL FITTER APPLICATION



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INITIAL APPLICATION: RESIDENTIAL LEVEL SPRINKLER FITTER

Unless otherwise instructed, this form is **ONLY** for use by a first-time Residential Level Sprinkler Fitter Applicant who possesses the hours of experience and knowledge necessary to install and/or repair residential fire protection sprinkler systems and operate as a trainee to commercial-level work.

Date of submission: _____

Applicant Full Name:	_____
Complete Mailing Address:	_____ _____
Phone Number:	_____
FAX Number:	_____
E-Mail Address:	_____
Last Four Digits of Social Security Number:	_____ (or four unique digits of your choosing)
Company You Work For:	_____

Trade Organization Affiliation(s)		
Name of Organization	Position/Rank with Organization	Time Frame (in Years)

I was previously issued a certification (ANY - whether current OR expired) by your office and that number is: _____

Statement of Compliance as a Residential Fitter

As an applicant for certification as a Residential Level Fire Sprinkler Fitter, I hereby make the following statements of compliance to the Washington State Patrol Fire Protection Bureau (WSP FPB):

- 1) I have read, understand, and will abide by [RCW 18.270](#) and its administrative rule set, [WAC 212-80](#).
- 2) I will follow all state-adopted and locally enacted standards and codes to the best of my ability.
- 3) I understand and accept that the WSP FPB will make information regarding my certification status available to the public to assist in ensuring compliance with state law and rule and release them from any liability for doing so.
- 4) I will only use my certification in connection to work I have personally performed or supervised and will not work above or outside the scope of the work identified by the certification(s) issued to me.
- 5) All information provided as a part of this application process and any supporting documentation are accurate and true.

Printed Name of Residential Fitter Applicant

Signature of Residential Fitter Applicant

Date of Signature

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VERIFICATION OF HOURS FOR A RESIDENTIAL FITTER

This form is to be completed only by a sprinkler contracting company that either currently employs or employed at one time the fitter applying for certification noted below. Hours from Washington State must be through a Licensed Fire Protection Sprinkler System Contractor and supervised by a fitter properly certified per RCW 18.270. Out-of-state employers verifying hours CAN do so without using an RCW 18.270 certified fitter.

Fitter Applicant Name:	_____		
Company Verifying Hours:	_____		
State Hours Are From:		Position of Verifier:	_____
Name of Verifier:	_____	Contact Number:	_____
Verifier's 18.270 Certification Number (if applicable):	_____		
Hours Accrued From:	_____	Through:	_____

CLASSIFICATION OF HOURS BEING VERIFIED

Residential Hours	Commercial Hours*	Total Hours of Verified Experience

Signature of Verifier: _____

GUIDELINES FOR SPRINKLER CONTRACTORS COMPLETING THIS FORM

- 1) *Experience can **ONLY** be for installation and/or repair of residential fire protection sprinkler systems.
- 2) Exact dates are not necessary but must be contiguous in nature. Do not include breaks in service of more than a year on any single form. Using the year alone is sufficient except when verifying a time frame from within a single year.
- 3) Exact hours being verified are required. Statements such as "10 years" or "Since 1991" WILL NOT be accepted.
- 4) To confirm as a verifier, one need simply have either employed or supervised the applicant while performing the work being verified for the time frame of accrual noted.
- 5) Hours accrued within Washington State after 2009 must be from a fire protection sprinkler system contractor licensed per RCW [18.160](#) and verified by a fitter properly certified per [RCW 18.270](#) for the time frame verified.
- 6) One employer. One verifier. One form. Only verify the hours you witnessed/supervised and, if necessary, more than one verifier can come from a single employer but the dates of accrual MUST differ.
- 7) The applicant may submit as many completed Verification of Hours Forms as are necessary to total the four thousand (4,000) hours of residential installation and/or repair experience required for certification.
- 8) Hours of experience from employers/verifiers who operate out of state WILL BE ACCEPTED.

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VERIFICATION OF EXPERIENCE FOR A RESIDENTIAL FITTER

This form is to be completed only by a trade organization – such as a union – that is responsible for tracking and monitoring the hours accrued by their members while engaged in the sprinkler trade for fire protection sprinkler system contracting companies. By completing this form, you are confirming that the MAJORITY of the hours reported are solely from the installation and/or repair of fire protection sprinkler systems.

Fitter Applicant Name (your member):	_____
Name of Trade Organization:	_____
Name of Individual Verifying Hours:	_____
Position of Verifier:	_____
Contact Number:	_____

CLASSIFICATION OF EXPERIENCE BEING VERIFIED

Name of Sprinkler Contractor and State of Operation	Hours of Experience	Residential or Commercial*	Time Frame For Experience

Total Experience Verified (in hours):

Signature of Verifier: _____

GUIDELINES FOR TRADE ORGANIZATIONS COMPLETING THIS FORM

- 1) *Experience can **ONLY** be for installation and/or repair of residential fire protection sprinkler systems.
- 2) Exact dates are not necessary when identifying the time frame. Using the year alone is sufficient except when verifying a time frame from within a single year. Then include at least the month.
- 3) Exact hours being verified are required. Statements such as “10 years” or “Since 1991” WILL NOT be accepted and please use a separate line to track residential and commercial experience, even if from the same employer.
- 4) To confirm as a verifier for a Trade Organization, one simply needs be legally allowed to sign for the Trade Organization with regards to hours tracked for their members.
- 5) Hours accrued within Washington State after 2009 must be from a fire protection sprinkler system contractor licensed per RCW [18.160](#) and overseen by a fitter properly certified per RCW [18.270](#) for the specified time frame.

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FEE SUBMITTAL: INITIAL RESIDENTIAL CERTIFICATION

Name of Applicant:	_____		
Name of Employing Contractor:	_____		
Initial Application Fee	Pro-Rated Certification Cycle Fee	Total Cost of Certification	
\$ 0.00	+	\$ 0.00	= \$ 0.00

- 1) Complete this form by writing your name and employing contractor above – FULL licensing name only.
- 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 there are no costs involved in this certification program.
- 4) Once received and deemed complete, valid, and legal, you will be contacted to begin the examination scheduling process.
- 5) Upon passing the examination the certification can be turned around and in the mail in as little as two (2) days but may take, on the outside, up to ten (10) working days to process.

RESIDENTIAL FITTER APPLICATION