



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:

**REINSTATE THEIR CERTIFICATE OF
COMPETENCY**

PER RCW 18.160 – THE FIRE SPRINKLER
SYSTEM CONTRACTORS LAW

UNLESS YOUR EMPLOYER IS ALREADY LICENSED AS A FIRE
PROTECTION SPRINKLER SYSTEM CONTRACTOR, THIS
APPLICATION MUST ACCOMPANY A LICENSING APPLICATION
OR REINSTATEMENT FORM.

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. ANY missing or incomplete information and/or refund we must process on your behalf must be completed BEFORE anything can be issued, delaying the process.

To **reinstate a Certificate of Competency Certification** as issued under [RCW 18.160](#), you will need to:

- 1) Work for a fire protection sprinkler system contractor licensed at a level legal to employ the certification you wish to reinstate. The following lists which certification levels can work for which levels of licensing:
 - a. A Level 1 Fire Protection Sprinkler System Contractor can only employ Level 1 Certificate of Competency Holders.
 - b. A Level 2 Fire Protection Sprinkler System Contractor MUST employ at least one Level 2 Certificate of Competency Holder but can also employ Level 1 or either of the specialized levels of ITT and U.
 - c. A Level 3 Fire Protection Sprinkler System Contractor MUST employ at least one Level 3 Certificate of Competency Holder but can also employ ANY level of certification they choose.
 - d. Much like the Level 1 Contractor, the two specialized licensing levels of I&T and U can only employ those whose certificate levels match their licensing specialty (I&T=>ITT).
 - e. Anyone seeking to reinstate a QUALIFIED EXEMPT certification must use that reinstatement form.
- 2) Have contacted the Washington State Patrol Fire Protection Bureau and been instructed and approved to complete this form. **If you have not been approved to use this form, it will be rejected.**
 - a. The three reasons this form would be approved and thereby accepted:
 - i. Missed Renewal: Your renewal window has been closed.
 - ii. Previously Certified: You have been uncertified for less than two (2) program years.
 - iii. Restoring a Certification: You have been uncertified for more than two (2) program years and must include the appropriate completed initial application along with this reinstatement form.
- 3) Unless otherwise notified by this office, DO NOT SUBMIT any fees initially. You will be billed once the application has been deemed complete, valid, and legal using the fee submittal form you will complete as part of this application.
- 4) Leave NOTHING blank in this application. Use “NOT APPLICABLE,” “DOES NOT APPLY,” or other similar mark. You are also responsible for accurately recording your employer’s full (licensing) name.
- 5) Print legibly, complete electronically, or have it typed. If it cannot be read, it **CAN BE REJECTED**.
- 6) 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.
- 7) Include a copy of a government-issued photo identification that possesses a sample of your signature.
- 8) Submit the completed application in its entirety for certification either on its own (if working for a currently licensed contractor) or enclosed as a part of a new licensing application or reinstatement remarked on their fee submittal form to:
Fire Protection Bureau Licensing Programs at Post Office Box 42642 in Olympia, WA 98504-2642.
- 9) 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.

CERTIFICATE OF COMPETENCY REINSTATEMENT

INCOMPLETE/ILLEGIBLE SUBMISSIONS WILL BE DELAYED OR SUMMARILY REJECTED



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Date Received

REINSTATEMENT FORM: CERTIFICATE OF COMPETENCY

***ONLY** for use by a previously certified Certificate of Competency Holder seeking reinstatement who has been instructed to do so by this office. ALL others will be rejected.*

Certification Level: Level 1 Level 2 Level 3 Level U Level ITT

Year of Expiration: _____ Date Permitted to Use Form: _____

Complete Name of Certificate Holder:	_____
Certification Number:	_____ (as issued by this office)
Complete Mailing Address:	_____ _____
Phone Number:	_____ FAX Number: _____
E-Mail Address:	_____
Licensed Contractor You Work For:	_____
(Specialty) Contractor Number:	_____ (as issued by L&I)

After expiration, I was arrested, charged, and/or convicted of any criminal violation:

Yes (complete below - **required**) No (move to next question)

Year	Charge	Disposition

RCW 18.160.080 makes felony conviction a potential hindrance to certification. However, each application will be evaluated individually without bias.

NATURE OF CERTIFICATION

- Currently Licensed Contractor:** I am applying to reinstate my certification under the current license of a Fire Protection Sprinkler System Contractor as noted their name above.
- Contractor Applying for Licensing:** This reinstatement will be included as a part of an application/reinstatement packet for a Fire Protection Sprinkler System Contractor license and I have been remarked on their fee submittal form.

Printed Name of Certificate Holder

Signature of Certificate Holder

Date of Signature

CERTIFICATE OF COMPETENCY REINSTATEMENT



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FEE SUBMITTAL: CERTIFICATION REINSTATEMENT

Name of Certification Applicant:	_____
Employer:	_____
Employer Status:	<input type="checkbox"/> Currently Licensed – Submitting application alone. <input type="checkbox"/> Becoming Licensed – Submitting together and I am noted on their fee submittal form.

- 1) Complete the above portion of this form and submit it with your paperwork. Unless otherwise noted, DO NOT include any fees with your initial submission.
 - a. When submitting as part of a licensing application, be certain you are noted on their fee submittal form and have your application included in their licensing packet.
 - b. When completing both a reinstatement and initial application, return both fee submittal forms.
- 2) Once approved for reinstatement, this form is returned to you with the amount due calculated by our office. This document is not valid unless signed by an employee of the Fire Protection Bureau.
 - a. When a part of a licensing application, only the Licensing and Certification Fee Submittal Form is returned to the contractor and your fees will be noted on their form.
- 3) Based upon the application's completion date and projected processing times, we try to offer two options for your month of reinstatement. Each quote is for the remainder of the year, as set by month, and has a payment due date. Payments **MUST BE RECEIVED** by your chosen Quote's due date to be reinstated as of that month and any applications still pending after the due date noted in Quote 2 will be rejected.
 - a. Reinstatement fees are fixed, so in most cases, you will be given a single quote with a single due date and cost, which would be the full annual certification fee of \$50.00. This is determined in the review noted in bullet 2).
 - b. When combined with a licensing application, you and your employer must agree on the choice (if available) for issuance, as the license and certification are issued together. NO EXCEPTIONS.
- 4) Checks are written out to the Washington State Patrol Fire Protection Bureau (WSP FPB).
- 5) A fee submittal form **MUST** be returned with your payment. Failure to do so or submitting a partial or incomplete payment will result in your payment being rejected.
 - a. When included with a licensing application, only the licensing and certification fee submittal form will be used.
- 6) The reinstated certification will be issued within ten (10) working days of receiving the payment.

CERTIFICATE OF COMPETENCY REINSTATEMENT

<u>Quote 1 (Target)</u>	<u>Quote 2 (No Later Than)</u>
Month: <input style="width: 100%;" type="text"/>	Month: <input style="width: 100%;" type="text"/>
Amount Due: <input style="width: 100%;" type="text"/>	Amount Due: <input style="width: 100%;" type="text"/>
Due Date: <input style="width: 100%;" type="text"/>	Due Date: <input style="width: 100%;" type="text"/>
_____	_____
<i>Printed Name of WSP FPB Staff Member</i>	<i>Signature of WSP FPB Staff Member</i>
	<i>Date of Signature</i>