FIRE PROTECTION BUREAU
SPRINKLER LICENSING PROGRAM
PO Box 42600
Olympia WA 98504-2600
(360) 596-3914 FAX: (360) 596-3934

CERTIFICATE OF COMPETENCY AFFIDAVIT

The undersigned has appeared before me, a Notary Public, and affirmed that as an applicant for a fire protection sprinkler system Certificate of Competency:

1) He or She will abide by all the laws, rules, and regulations concerning this fire protection sprinkler system Certificate of Competency certification per RCW 18.160 and WAC 212-80.

2) Information provided in this application and any and all statements made to procure this Certificate of Competency are accurate and correct.

3) He or She hereby releases the Washington State Patrol Fire Protection Bureau, or others, from any liability or damage that may result from furnishing the information provided in the application or as a result of certification as a Certificate of Competency, if so requested.

_____	_____	_____
Signature of Undersigned	Title of Undersigned	Date of Signature

_____
Printed Name of Undersigned

Subscribed and sworn before me this, the _____ day of the month of _____
date *name of month*

of the calendar year _____ .
year

_____	_____
Signature of Notary Public	*Printed Name of Notary Public*

_____
_____
_____
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_____
Complete address and contact information for Notary Public

Seal of the Notary Public