



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



**APPLICATION
 CERTIFICATE OF COMPETENCY**

Date Received <i>For Official Use</i>

Certification Level: Level 1 Level 2 Level 3 Level U *(Please Select One)*

Date of Application: _____

Applicant's Full Name: _____

Applicant's Complete Mailing Address: _____

Social Security Number (Last Four Digits): _____

Phone Number: _____ **FAX Number:** _____

E-Mail Address: _____

Company You Work For: _____

Have you ever performed any work of a nature similar to this certification before? _____

If so, under who or what company? _____

For how many years? _____

Have you ever been arrested, indicted, and/or convicted of any criminal violations? _____

If yes, please explain: _____

Have you ever been denied a license or permit or had one suspended by any jurisdiction for work of this nature? _____

If yes, please explain: _____

Please enclose copies of any national certifications, engineering licenses, and/or education documentation that can speak towards your competency in this field of work.

I have read and am familiar with the requirements of WAC 212-80-175, all of its subsections, and shall comply with all relevant sections of RCW 18.160 and WAC 212-80. All information I have included in this application process is true and accurate to the best of my knowledge.

Applicant's Signature

Date of Signature

Print Your Complete Name Clearly and Legibly