



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



**APPLICATION
 FIRE SPRINKLER CONTRACTOR LICENSE**

Date Received

 For Official Use

Licensing Level: Level 1 Level 2 Level 3 Level U I&T
 (Select Only One)

Date of Application: _____

Business Name: _____

Business License Number: _____ Federal ID Number: _____

Complete Mailing Address: _____

Phone Number: _____ FAX Number: _____

E-Mail Address: _____

Contact Person: _____

Principal Corporate Officers, Partners, and/or Owners of the Company

Name: _____ Title: _____

Complete Address: _____

Phone Number: _____ FAX Number: _____

Name: _____ Title: _____

Complete Address: _____

Phone Number: _____ FAX Number: _____

I have read and am familiar with the requirements of WAC 212-80, all of its subsections, and shall comply with all 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 and I have signature authority for this company.

Signature

Date of Signature

Print Your Complete Name Clearly and Legibly