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

VERIFICATION OF EMPLOYMENT FOR A CERTIFICATE OF COMPETENCY HOLDER

I, _____ , the/a _____ with
the undersigned *position/title of undersigned*
_____ , do hereby swear and attest before a notary public that
fire sprinkler contracting company
Mr./Mrs. _____ is an employee of my company and is currently
applicant
employed by me as specified below:

☐ Full Time – defined as 20 or more hours per week.

☐ Part Time – defined as 19 or less hours per week.

I, _____ can be reached at _____ to answer any
the undersigned *phone number*
questions the Chief of the Washington State Patrol, through the Director of Fire Protection, may have regarding this candidate for certification as a Certificate of Competency Holder for my company.

_____ _____ _____
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*

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

Seal of the Notary Public