



**SPRINKLER FITTER CERTIFICATE OF COMPETENCY  
 APPLICATION**

Date Received
For Official Use Only

Type of Certification Requested (please check one):

- Journey (as defined by NFPA 13) (requires proof of 8,000 hours of work experience)       Residential (as defined by NFPA 13D and 13R) (requires proof of 4,000 hours of work experience)

Applicant's Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security Number (Last Four Digits) \_\_\_\_\_

Phone Number ( ) - FAX Number ( ) -

E-mail Address \_\_\_\_\_

Current Employer \_\_\_\_\_ Contact No. ( ) -

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

- Yes     No

**If no, please see "Application for Sprinkler Fitter Trainee."**

**If yes, attach "Affidavit of Hours for Sprinkler Fitter Certificate of Competency."**

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

- Yes     No

**If yes, please attach explanation.**

Have you ever been denied a fire protection sprinkler system license or permit or had one suspended by any jurisdiction?

- Yes     No

**If yes, please attach explanation.**

I have read and am familiar with the requirements of WAC 212-80 and all of its subsections, and I shall comply with all relevant sections of RCW 18.160 and RCW 18.270. All information I have included in this application process is correct and accurate to the best of my knowledge.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date of Signature

\_\_\_\_\_  
 Print Your Complete Name Clearly and Legibly