



**AFFIDAVIT OF COMPLIANCE FOR
 SPRINKLER FITTER
 CERTIFICATE OF COMPETENCY**

Date Received For Official Use Only
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I, _____, affirm that as an applicant for a Sprinkler Fitter
Certificate of Competency:

I have read and will abide by all the laws, rules, and regulations regarding the Sprinkler Fitter certification program as defined by RCW 18.270 and WAC 212-80.

Information provided in this application by me and any and all statements made to obtain this Sprinkler Fitter Certificate of Competency are accurate and correct.

I have documentation validating the number of hours I have completed to be qualified to apply for a Sprinkler Fitter Certificate of Competency at the level of (please check one):

- Journey (8,000 hours) (as defined by NFPA 13)
- Residential (4,000 hours) (as defined by NFPA 13D & 13R)

I hereby release the Washington State Patrol Fire Protection Bureau, or others, from any liability or damage that may result from providing the information included in the application or as a result of certification as a Sprinkler Fitter Certificate of Competency Holder, if so requested.

 Signature Date of Signature

 Print Your Complete Name Clearly and Legibly

Subscribed and sworn before me the _____ day of the month of _____
 of the calendar year _____.

 Signature of Notary Public Printed Name of Notary Public

Complete address and contact information for Notary Public

Seal of the Notary Public