



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

Date Received
For Official Use Only

I, _____, the/a _____
Print Name Position/Title
 with _____, do hereby swear and attest that
Company Name

Mr./Ms. _____ has completed _____ hours of
Applicant
 Journey (as defined by NFPA 13) Residential (as defined by NFPA 13D & 13R)
 trade-related fire protection sprinkler fitting and fitting experience and that all information on the
 documentation of hours is complete and accurate per RCW 18.270 and WAC 212-80.

I, _____, can be reached at (____) _____ - _____
Print Name
 to answer any questions the Chief of the Washington State Patrol, through the State Fire
 Marshal or designee, may have regarding this candidate for certification as a Certificate of
 Competency Holder for my company.

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