



APPLICATION INFORMATION FOR SPRINKLER FITTER TRAINEE

Read all information before filling out this application.

This application is for individuals without sufficient work-related experience to obtain the Sprinkler Fitter Certificate of Competency (CoC). Anyone working as a sprinkler fitter must be registered either as a Trainee or hold a Sprinkler Fitter Certificate of Competency. There are no exceptions. Trainees must work under the supervision of an individual with the appropriate Sprinkler Fitter Certificate of Competency (Journey or Residential). Trainees cannot work alone.

Types of Sprinkler Fitter Trainees: *Journey Sprinkler Fitter Trainees* install, maintain, and repair fire protection sprinkler systems as defined by NFPA 13 while under proper supervision. *Residential Sprinkler Fitter Trainees* are limited to the installation, maintenance, and repair of fire protection sprinkler systems of residential occupancies as defined by NFPA 13D and 13R while under proper supervision.

Exam: No exam is needed to become registered as a Trainee.

Work-Related Experience: **There is no experience required to become a trainee.** Work-related experience is one of the requirements for a Trainee to *upgrade* to a Sprinkler Fitter CoC. The *Journey-level* CoC requires 8,000 work-related hours supervised by a current Journey-level CoC. The *Residential-level* certificate requires 4,000 work-related hours that can be supervised by a current Residential- OR Journey-level CoC. NOTE: The Residential work-related experience is restricted to NFPA 13D and 13R sprinkler system work. In contrast, a Journey Trainee can work on any type of sprinkler system (13, 13D, and 13R). No more than ½ of the 8,000 hours required for the Journey-level work can be performed on residential systems. A Journey Trainee can accumulate up to 4,000 hours of Residential work-related experience towards the 8,000 hours required for the Journey-level certification. *Please note: Trainees are responsible for tracking their training hours over the course of their training periods using the form “Affidavit of Hours.” The “Affidavit of Hours” is not required in order to register as a Sprinkler Fitter Trainee.*

Payment: No money can be accepted or held at this time.

The fee schedule has not been approved by the Washington State Legislature. Any payments made prior to the billing period will be returned to the Applicant. When the fee schedule is approved, applicants will receive a bill. NOTE: Trainees will only have 60 days from the date of the bill to make the required payment or risk losing their Trainee status.

REQUIRED FORMS

The following forms are required to apply for a Journey/Residential Trainee Sprinkler Fitter Certificate. They must be accurately and thoroughly completed. **Submit the original document. Faxed, scanned, or e-mailed applications cannot be accepted.**

- **“Application for Sprinkler Fitter Trainee”:** General applicant information and the type of trainee status requested (Journey or Residential).
- **“Verification of Employment for Sprinkler Fitter Trainee”:** The Verification of Employment is used to guarantee that the applicant is currently employed with a company who is capable of providing the level of training requested.
- **“Affidavit of Compliance for Sprinkler Fitter Trainee”:** The Affidavit of Compliance is used to verify that the applicant:
 - Has read and fully understands the laws, rules, and regulations regarding this program; and,
 - Will abide by those laws and rules.

For more information, see the Washington State Fire Marshal’s Web site at www.wsp.wa.gov.
For questions or concerns, e-mail the sprinkler fitter program at sprinkler.fitter@wsp.wa.gov.



**APPLICATION FOR
SPRINKLER FITTER TRAINEE
(to be completed by applicant)**

Date Received

For Official Use Only

Type of Certification Requested (please check one):

- Journey Trainee (as defined by NFPA 13) Residential Trainee (as defined by NFPA 13D and 13R)

Applicant's Full Name _____

Mailing Address _____
Street Address

City _____ State _____ Zip Code _____

Last Four Digits of Social Security Number _____

Phone Number () - _____ FAX Number () - _____

E-mail Address _____

Current Employer _____ Contact No. () - _____

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 understand that it is my responsibility to track the number of hours worked under the supervision of a sprinkler fitter whose certification is equivalent to or higher than the level of training I seek and that I must be supervised while obtaining these hours. I understand not doing so is not only unlawful but will not count towards my training hours.

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 true and accurate to the best of my knowledge.

Applicant's Signature

Date of Signature

Applicant's Printed Name



**VERIFICATION OF EMPLOYMENT FOR
SPRINKLER FITTER TRAINEE
(to be completed by a third party)**

Date Received

For Official Use Only

All trainees must work under the supervision of an individual with the appropriate Sprinkler Fitter Certificate of Competency (Journey or Residential) and must be currently employed by a fire protection sprinkler contractor. Trainees cannot work alone.

I, _____, the/a _____
Employment Verifier's Printed Name (not the applicant) Employment Verifier's Position/Title (not the applicant)

with _____, do hereby swear and attest that
Company Name

Mr./Ms. _____ is currently an employee of _____
Applicant's Printed Name Company Name

I, _____ can be reached at () _____
Employment Verifier's Printed Name (not the applicant)

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 Sprinkler Fitter Certificate of Competency Holder for my company.

Completion and signing of this form is agreement that the trainee will be supervised by a sprinkler fitter with a Certificate of Competency appropriate for the level of work being done.

Employment Verifier's Signature (not the applicant) Date of Signature

Employment Verifier's Printed Name (not the applicant)

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



**APPLICATION OF COMPLIANCE FOR
SPRINKLER FITTER TRAINEE
(to be completed by applicant)**

Date Received

For Official Use Only

I, _____, affirm that as an
Applicant's Printed Name

applicant for a Sprinkler Fitter Trainee Certificate of Competency:

I will abide by all the laws, rules, and regulations concerning this Sprinkler Fitter Trainee Certificate of Competency certification per RCW 18.270 and WAC 212-80.

I fully understand as a Sprinkler Fitter Trainee that this Sprinkler Fitter Trainee Certificate of Competency is valid only while working for and under the direct supervision of a properly certified Sprinkler Fitter whose certification is equivalent to or greater than the certification I am seeking. Any time spent working unsupervised is unlawful and will not count towards my training hours required to upgrade to a Journey/Residential Sprinkler Fitter Certificate of Competency.

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

I understand that it is my responsibility to track the training hours required by the level of certification that I am seeking.

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 Trainee for a Sprinkler Fitter Certificate of Competency, if so requested.

Applicant's Signature

Date of Signature

Applicant's Printed Name

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