



NFPA Standard #25 Three Day Seminar

Inspection, Testing and Maintenance of Water-Based Fire Protection Systems

- DATE AND TIME:** September 9, 10 and 11, from 8:00 A.M. to 5:00 P.M.
- LOCATION:** So. King Fire and Rescue, Sta. #68 --1405 312th St. SW, Federal Way WA 98023
- TARGET AUDIENCE:** The Sprinkler Industry, Health Care Facility, Hotel, Motel, Apartment, and School Maintenance Personnel and Local AHJ's. Class size is limited to 90 on a first come, first served basis. Registrations must be dated to assist in this process and received before August 7th, 2009.
- COSTS OF SEMINAR:** This seminar is free. The normal tuition fee for this seminar is \$600.00.
- MATERIALS NEEDED:** Each participant must bring their own copy of NFPA 13, (2002) and NFPA 25, (1995, 1998, or 2002) and a scientific calculator.
A work book will be provided to each participant on the inspection and testing of water-based fire protection systems at no cost to those who attend.
- MEALS/ LODGING:** Responsibility of the attendees.
- NICET EXAMINATION:** Check the NICET web site for a date.
- QUESTIONS?:** Contact Deputy State Fire Marshal Karen Jones at (360) 596-3916.

REGISTRATION FORM

- You **MUST** register with this office to attend. **NO WALK-INS** will be allowed.
- Be sure to **provide your correct mailing address** as all correspondence – **including your confirmation letter** – will be mailed there. If your registration is returned to this office **before August 7, 2009**, a confirmation letter will be sent to assist you in the admission process.
- Remit this registration to the Office of the State Fire Marshal at PO Box 42600, Olympia WA 98504-2600, by FAX at (360) 596-3936, by phone at (360) 596-3914, or by E-Mail at: humberto.rodriquez@wsp.wa.gov by no later than April 17, 2009.

Date of Registration: _____ **Organization/Agency:** _____

I am attending as/on behalf of: (Select one)

<input type="checkbox"/> Federal/State Agency	<input type="checkbox"/> Licensed Care	<input type="checkbox"/> Sprinkler Industry
<input type="checkbox"/> Fire Service	<input type="checkbox"/> Maintenance Staff	
<input type="checkbox"/> Fireworks Industry	<input type="checkbox"/> OSPI	

Name of Attendee: _____

Complete Mailing Address: _____
(Including City, State, and Zip)

Phone Number: _____ **E-Mail Address:** _____

Last Four Digits of SSN: _____ **Six Digit Date of Birth:** _____ (mm/dd/yy)

All requested information is required to receive credit for attending this class/seminar

**WARNING: A NICET Test is not being sponsored with this class.
Contact NICET directly to schedule a test with them.**