



FIRE PROTECTION BUREAU - LICENSING SECTION

PO Box 42642
Olympia WA 98504-2642
(360) 596-3913 FAX (360) 596-3934



Penalty # _____

IMPORTANT NOTICE REGARDING YOUR HEARING RIGHTS

To make a payment or request a settlement conference or hearing in this matter, select one of the following options, sign, and return this document to the Washington State Patrol – Office of the State Fire Marshal (WSP-OSFM). All payments and/or hearing requests must be postmarked within 30 calendar days of the date of service. If your payment or hearing request is not postmarked within 30 calendar days of the date of service, the original penalty and/or suspension or revocation penalty will go into effect. (WAC 212-80-250)

All payments and/or informal and formal conference hearings requests received by the WSP-OSFM must be postmarked within 30 calendar days of the date of service.

- I choose to pay the monetary penalty option. My check or money order for \$ _____ is enclosed (do not send cash). Non-sufficient fund (NSF) checks will result in the original penalty being imposed in addition to a revocation of Fire Sprinkler Contractor's License for the remainder of the year or 90 days, whichever is longer.

All payments must be sent to the WSP-OSFM, PO Box 42642, Olympia WA 98504-2642.

- I choose to accept the suspension or revocation of my Fire Sprinkler Contractor's License.
I choose to accept the suspension or revocation of my Fire Sprinkler Certificate of Competency.
I request an informal (settlement) conference to discuss resolution of this matter. If settlement is not reached, I request a formal hearing. You can contact me at () _____.

Note: You may request an interpreter at no cost to you by checking the appropriate box below:

- I request an American Sign Language (ASL) interpreter.
I request the services of an interpreter. My primary language is _____.
I request a formal (administrative) hearing without an informal (settlement) hearing. (If you select this option, the Office of Administrative Hearings will contact you by mail with the date and time of your hearing.)

To request an informal (settlement) conference or a formal (administrative) hearing, or to accept a suspension, you must choose one of the boxes above and return this form to the WSP-OSFM, Attention: Licensing Section, PO Box 42642, Olympia WA 98504-2642. Phone: (360) 596-3913 FAX: (360) 596-3934.

Signature of Licensee/Certificate Holder _____

Print Name _____ Date _____

Mailing Address _____
Street Address City State ZIP