



**FIRE PROTECTION BUREAU
 SPRINKLER LICENSING PROGRAM
 PO Box 42600
 Olympia WA 98504-2600
 (360) 596-3914 FAX: (360) 596-3934**



FIRE SPRINKLER SYSTEM CONTRACTOR DEFICIENCY

This form is intended to assist in documenting what you, the plans reviewer, the inspector, and/or fire sprinkler system contractor may consider to be deficiencies in design, installation, and/or testing/maintenance work performed by a licensed fire sprinkler contractor. This form may be reproduced as necessary.

Please fill out **both** sides of this form as completely as possible and submit it to this agency at the above address.

Date: _____ **From:** _____
 (Reporting Agency/Company)

Contractor Involved

Name: _____

Washington State Contractor's Business License Number: _____

Certificate Of Competency Holder Involved

Name: _____ **Certification Number:** _____

Project Information

Name of Project: _____

Address or Location: _____

City: _____ **State:** WA **Zip Code:** _____

Plans Drawn By: _____ **Date Drawn:** _____

Type of Project: _____
 (Apartment Building, Single Family Dwelling, Office, Retail Store)

Type of System: NFPA 13 D NFPA 13 R NFPA 13

(OVER)



**FIRE PROTECTION BUREAU
SPRINKLER LICENSING PROGRAM
PO Box 42600
Olympia WA 98504-2600
(360) 596-3914 FAX: (360) 596-3934**



Plans for this project were submitted for approval on _____, 20 ____ .

Please indicate the applicable city and/or county ordinances and codes or list the deficiencies in design and/or workmanship observed.

(Attach additional pages if necessary)

Signature: _____

Name: _____ Title: _____
(Please Print)

Please submit this form and any attachments as soon as possible after the deficiency was discovered.

NOTE: A copy of this document will be forwarded to the companies and involved individuals.