



FIRE PROTECTION BUREAU
LICENSING AND CERTIFICATION PROGRAMS
PO Box 42642
Olympia WA 98504-2642
(360) 596-3914 FAX: (360) 596-3934



THIS PACKET IS ONLY FOR CURRENTLY
CERTIFIED INDIVIDUALS SEEKING TO:

UPDATE THE ADDRESS AND/OR
CONTACT DATA FOR THEIR
CERTIFICATION RECORD

THIS FORM CAN ONLY BE USED BY THE
INDIVIDUAL THE CERTIFICATION IS
ISSUED TO – THE RECORD HOLDER

LICENSING INFORMATION CAN ONLY BE CHANGED
USING THE LICENSING RECORD UPDATE FORM

PLEASE READ ALL ASSOCIATED INSTRUCTIONS



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Please read all of these instructions carefully. Incomplete and/or illegible documentation will interfere with if not outright prevent this update. We are not responsible for abbreviations, short-hand terms, grammatical errors, idioms, or making assumptions. If it is complete and can be read, the update will be performed exactly as provided.

In order to **update your existing sprinkler certification record with this office**, you must:

- 1) **BE CURRENTLY** certified by this office. If you are expired, your request will be discarded.
- 2) This form can update multiple certification records but for only ONE (1) individual. Simply mark which certification levels you hold as you complete the form to ensure everything is updated consistently.
- 3) This form can ONLY update the following information:
 - a. Mailing address
 - b. Phone number
 - c. FAX number
 - d. E-Mail
- 4) This form CANNOT change the following:
 - a. Certification level(s) or issuance status (current/expired/etc.). Apply/reinstate as appropriate.
 - b. Legally recognized name. Use the Legal Name Changing form.
 - c. Employer. Use the Certification Transfer form.
- 5) The certificate holder must fill this form out completely and sign it. Unsigned and/or undated forms are considered incomplete and incomplete paperwork can be rejected outright.
- 6) There is no cost involved with this action. Certificate holders are, however, **OBLIGATED** to maintain such information accurately and in a timely fashion with this office at all times.
- 7) Leave **NOTHING** blank in this form. Use “NOT APPLICABLE,” “DOES NOT APPLY,” “NO CHANGE,” or other similar mark as appropriate.
- 8) Print legibly, complete electronically, or have it typed. If it cannot be read, it CAN BE REJECTED.
- 9) Return **ALL** portions of this document marked “MUST RETURN”. Unless otherwise instructed, partial or incomplete submissions – on any level – **WILL** be discarded.
- 10) Include a copy of a valid government-issued photo ID that possesses a sample of your signature.
- 11) Attach a copy of your currently issued certification wallet card. If you want a replacement for any certification issued under RCW 18.160, include that entire original certification document.
- 12) Submit the completed application in its entirety to:
Fire Protection Bureau Licensing Programs at Post Office Box 42642 in Olympia, WA 98504-2642.
- 13) A completed and otherwise legal to process update can take between two (2) and ten (10) working days to process and issue, depending on the circumstances.

CERTIFICATION RECORD UPDATE

INCOMPLETE/ILLEGIBLE SUBMISSIONS WILL BE DELAYED OR SUMMARILY REJECTED



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Date Received

UPDATE: CERTIFICATION CONTACT INFORMATION

*This form is **ONLY** for use by a currently certified individual who wishes to change some aspect of their record with our office. Information that can be changed by this form includes address, phone number, FAX number, and/or e-mail address and only the record holder – the person the certification was issued to – can make a request to change their own certification record.*

CURRENT CERTIFICATE HOLDER CONTACT INFORMATION (OLD DATA)	
Certification Number Issued by This Office:	_____
Complete Name of Certificate Holder:	_____
Complete Mailing Address:	_____ _____
Phone Number:	FAX Number: _____
E-Mail Address:	_____
Current Employer of Record Holder:	_____

Individual Certification Record to be Updated

Check All Certifications Held by This Record Holder

- | | | | |
|-------------------------------------|---|---|---|
| <input type="checkbox"/> Level 1* | <input type="checkbox"/> Level 2* | <input type="checkbox"/> Level 3* | <input type="checkbox"/> Level U* |
| <input type="checkbox"/> Level ITT* | <input type="checkbox"/> Residential Fitter | <input type="checkbox"/> Journey Fitter | <input type="checkbox"/> Fitter Trainee |

UPDATED CERTIFICATE HOLDER CONTACT INFORMATION (NEW DATA)	
Complete Mailing Address:	_____ _____
Phone Number:	FAX Number: _____
E-Mail Address:	_____

Please replace my certification document(s) to match my new information (at no cost).

For RCW 18.160 certifications (), this will require the return of the entire original document.*

I, as the certificate holder described herein, do hereby swear and attest that all of the information provided in this update is correct and true to the best of my ability and knowledge.

Signature of Certificate Holder

Date of Signature

CERTIFICATION RECORD UPDATE



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FEE SUBMITTAL: CERTIFICATION RECORD UPDATE

Certificate/Record Holder: _____	
Certification Fees	Total Cost of Update
ALREADY PAID	\$ 0.00

- 1) Complete this form by writing your name (the name of the certificate holder whose record is being updated) at the top of this form.
- 2) Include ALL forms marked "MUST RETURN". Unless otherwise instructed by this office, partial or incomplete submissions – on any level – WILL NOT be accepted and may be discarded.
- 3) Do not submit any unnecessary documentation not identified as part of this process.
- 4) Submit NO PAYMENT, as this is merely an administrative action.
- 5) Once received and verified as a valid update, the record is changed. This is generally completed within a single day of receipt.
- 6) Unless you requested a replacement document to match the changes, no notification is provided that the update has been made. This information is for the most part internal and not routinely disclosed through our compliance lists posted to our web pages.
- 7) Should you wish to receive a replacement, DO NOT forget to return the originally issued certification document in its entirety.

CERTIFICATION RECORD UPDATE