



THIS PACKET IS ONLY FOR CURRENTLY  
LICENSED CONTRACTORS SEEKING TO:

**UPDATE THEIR ADDRESS AND/OR**  
**CONTACT DATA FOR THEIR**  
**LICENSING RECORD**

THIS FORM CAN ONLY BE UTILIZED BY THE FIRE  
PROTECTION SPRINKLER SYSTEM CONTRACTOR THE  
LICENSE WAS ISSUED TO – THE RECORD HOLDER

INDIVIDUAL CERTIFICATION RECORDS CAN ONLY  
BE UPDATED BY THE INDIVIDUAL USING THE  
CERTIFICATION RECORD UPDATE FORM

**PLEASE READ ALL ASSOCIATED INSTRUCTIONS**



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



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 licensing record with this office**, you must:

- 1) **BE CURRENTLY** licensed by this office. If you are expired, your request will be discarded.
- 2) This form can **ONLY** update the following information:
  - a. Contact/Business Contact name
  - b. Mailing address
  - c. Phone number
  - d. FAX number
  - e. E-Mail
- 3) This form **CANNOT** change the following:
  - a. Legally Recognized Corporate Name – use the Legal Name Change Form for this action.
  - b. Licensing level or status (current/expired/etc.). Apply/reinstate as appropriate.
  - c. Company ownership. Licensing is non-transferrable so cannot be “moved” or sold to another as a company asset.
  - d. Bond or surety data. Submit the Change of Rider from your surety or replace the bond outright.
  - e. Who is certified under your license. Use a Certification Transfer form for each individual to change.
  - f. Update or change any information for anyone you employ. They must complete the Certification Update form individually.
- 4) A representative of this licensed contractor – someone with signature authority who can “speak” for this company – must fill this form out completely and sign it. Unsigned and/or undated forms are considered incomplete and incomplete paperwork can be rejected outright.
- 5) There is no cost involved with this action. License holders are, however, **OBLIGATED** to maintain such information accurately and in a timely fashion with this office at all times.
- 6) Leave **NOTHING** blank in this application. Use “NOT APPLICABLE,” “DOES NOT APPLY,” “NO CHANGE,” or other similar mark as appropriate.
- 7) Print legibly, complete electronically, or have it typed. If it cannot be read, it **CAN BE REJECTED**.
- 8) Return **ALL** portions of this document marked “MUST RETURN.” Unless otherwise instructed, partial or incomplete submissions – on any level – **WILL** be discarded.
- 9) If you would like an updated license, simply return the original with this paperwork.
- 10) Submit the application **completed** in its entirety to:  
Fire Protection Bureau Licensing Programs at Post Office Box 42642 in Olympia, WA 98504-2642.
- 11) A completed and otherwise legal record update can take between two (2) and ten (10) working days to process and issue, depending on the circumstances.

**LICENSING RECORD UPDATE**

**INCOMPLETE/ILLEGIBLE SUBMISSIONS WILL BE DELAYED OR SUMMARILY REJECTED**



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Date Received

## RECORD UPDATE: LICENSING CONTACT INFORMATION

*This form is **ONLY** for use by a currently licensed Fire Protection Sprinkler System Contractor who wishes to change some aspect of their licensing record with this office. Information that can be changed by this form includes address, phone number, FAX number, and/or e-mail address and only a representative of the contractor – someone with signature authority – can request changes be made to their licensing record.*

CURRENT LICENSING RECORD CONTACT INFORMATION (OLD DATA)	
Full Licensing Name:	_____
Washington State (Specialty) Contractor Number:	_____ (Issued by L&I)
Complete Business Contact Name:	_____
Complete Mailing Address:	_____ _____
Phone Number:	_____
FAX Number:	_____
E-Mail Address:	_____

### Licensing Record to be Updated

*Check the Level of License Issued to This Company*

- Level 1     
  Level 2     
  Level 3     
  Level U     
  Level I&T

UPDATED LICENSING RECORD CONTACT INFORMATION (NEW DATA)	
Complete Business Contact Name:	_____
Complete Mailing Address:	_____ _____
Phone Number:	_____
FAX Number:	_____
E-Mail Address:	_____

I, the undersigned company signatory, do hereby attest the above information is correct, true, and proper for the fire protection sprinkler system contractor noted above. I am authorized to make this update on their behalf.

\_\_\_\_\_

*Printed Name of the Company Signatory*

\_\_\_\_\_

*Position With Company*

\_\_\_\_\_

*Signature of the Company Signatory*

\_\_\_\_\_

*Date of Signature*

**LICENSING RECORD UPDATE**



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## FEE SUBMITTAL: LICENSING RECORD UPDATE

<b>License Holder:</b> _____	
<b>Licensing Fees</b>	<b>Total Cost of Update</b>
ALREADY PAID	\$ 0.00

- 1) Complete this form by writing the name of the license holder whose record is being updated.
- 2) Include ALL forms marked "MUST RETURN." Unless otherwise instructed, partial or incomplete submissions – on any level – WILL NOT be accepted and may be discarded.
- 3) Do not send any additional unnecessary paperwork not otherwise 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) There is no notification provided that the update has been made, unless you have requested a replacement license to match the new data.
- 7) Should you want a replacement license, simply return the original existing/old license document with this paperwork and one will be issued. This action WILL NOT affect your licensing status or the certification status of anyone you employ under your license.

**LICENSING RECORD UPDATE**