



WASHINGTON STATE
FIRE MARSHAL'S OFFICE

**THIS PACKET IS ONLY FOR THOSE
SEEKING TO:**

**CHANGE THEIR LEGAL
LICENSING NAME**

THIS FORM CAN ONLY BE USED BY THE LICENSED
ENTITY CARRYING THE NAME OF A LICENSED FIRE
PROTECTION SPRINKLER SYSTEM CONTRACTOR AS
DEFINED BY RCW 18.160

CERTIFICATE OF COMPETENCY HOLDERS
WILL USE A DIFFERENT 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 may delay our ability to process a request and can result in immediate denial/rejection of your application. ANY missing information associated with an attempt to update your information will delay the update or may even prevent it outright.

In order to **update your existing licensing legal name** with this office, you must:

- 1) **BE CURRENTLY** licensed by this office as a Fire Protection Sprinkler System Contractor. If you are currently expired, your request will be discarded.
- 2) Include all relevant documentation, such as a current copy of the new license issued by the Department of Labor and Industries and a change of rider/replacement bond. This is only allowable IF the corporate officers remain the same during the name change, as licenses are non-transferrable.
- 3) You must return the already issued license and all employee certifications issued bearing your licensing name so they can be reissued. ANY licensing or certification document issued by this office or any portion thereof that cannot be returned **MUST** be accounted for by the record holder.
- 4) Only someone with signature authority to the company can complete this form. They must identify themselves and sign it for the file as we make the change. Unsigned or undated requests are considered incomplete and incomplete paperwork can be rejected outright.
- 5) There is no cost involved with this action. License and certificate holders are obligated to maintain this 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,” or other similar mark. You are responsible for accurately using the full legal and licensing names of all involved in this documentation.
- 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 AS PART OF THE APPLICATION.” Unless otherwise instructed, partial or incomplete submissions – on any level – **WILL** be discarded.
- 9) Submit the application completed in its entirety along with any and all relevant, necessary, and/or supporting documentation and stamp(s) to:
Fire Protection Bureau, Licensing Programs at Post Office Box 42642 in Olympia, WA 98504-2642.
- 10) A completed and otherwise legal to issue application can take between two (2) and ten (10) working days to process and issue, depending on the circumstances.

CHANGE OF LICENSING NAME

INCOMPLETE/ILLEGIBLE SUBMISSIONS WILL BE DELAYED OR SUMMARILY REJECTED



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Date Received

LEGAL NAME CHANGE: LICENSING RECORD

This form is **ONLY** used to change the legal name of a **CURRENTLY** licensed Fire Protection Sprinkler System Contractor as defined by [RCW 18.160](#).

INCOMPLETE OR ILLEGIBLE SUBMISSIONS WILL BE SUMMARILY REJECTED

CURRENT/PREVIOUS/OLD LICENSING INFORMATION

Washington State (Specialty) Contractor Number: _____ (As provided by L&I)

Complete Business Name of Licensee: _____

Complete Business Contact Name: _____

Complete Mailing Address: _____

Phone Number: _____ FAX Number: _____

E-Mail Address: _____

NEW LICENSING INFORMATION

Washington State (Specialty) Contractor Number: _____ (As provided by L&I)

Complete Business Name of Licensee: _____

Complete Business Contact Name: _____

Complete Mailing Address: _____

Phone Number: _____ FAX Number: _____

E-Mail Address: _____

In Documenting this Change, We are Including the Following:

- | | |
|--|--|
| <input type="checkbox"/> New Bond or Change of Rider | <input type="checkbox"/> License from the Department of Labor and Industries |
| <input type="checkbox"/> Update Status from Secretary of State | <input type="checkbox"/> Articles of Incorporation if Changed |
| <input type="checkbox"/> Current Original License from this Office | <input type="checkbox"/> Any and All Affected RCW 18.160 Certifications |

 Printed Name of Company Signatory

 Position with Company

 Signature of Company Signatory

 Date of Signature

CHANGE OF LICENSING NAME



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ISSUED DOCUMENTATION RETURN CHECK LIST

This checklist is specific to the documents issued by this office – the license to the company and certifications issued in their name for the employees. It is not an all-inclusive list of everything to be included in this action.

License Issued

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

“Old” Name _____

“New” Name _____

- The original full 8 1/2” x 11” license is included.
 The original full 8 1/2” x 11” license cannot be returned.

Explain: _____

Affected Certifications ([RCW 18.160](#))

Use the following chart to catalog your included certified employees. Each Certificate of Competency issued bears the name of their employer and is an 8 1/2” x 14” certificate perforated for separation into a Wall Mount, Index Card, and Wallet Card. For each certified employee, list their level, name, and account for each part of the original certificate. For all but the Specialized Level ITT, also account for their certification stamp.

Certification Level	Employee Name	Wall Mount	Index Card	Wallet Card	Stamp

When completing the chart above, the Certification Level would be Level 1, 2, 3, U, or ITT and the Wall Mount is the 8 1/2” x 11” portion of the certification they were issued. If you need room for additional employees or to account for anything missing, use additional paper or the back of this form.

Unaffected Certifications ([RCW 18.270](#))

Certifications issued to fitters under RCW 18.270 (Residential, Journey, Trainee) do not bear any mark noting their employer on the card issued so are not affected. Do not include any fitter certifications.

However, some fitters may also be certified under RCW 18.160 (Levels 1, 2, 3, U, or ITT), which will be affected and should be included above. Only include those certificate holders who are affected by the name change. Each certification issued clearly identifies itself and its level.

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FEE SUBMITTAL: LICENSING NAME CHANGE

Previous Contractor Name:	_____	
New/Current Contractor Name:	_____	
Number of Certificate of Competency Holders Affected:	_____	
Name(s) of Employees Included:	_____ _____ _____	
Licensing and/or Certification Costs		Total Cost of Change
ALREADY PAID		\$ 0.00

This form is completed by the licensed fire sprinkler system contractor who changed their legal name. Complete this form by:

- 1) Providing your previous and current name above. This is the name of the company licensed as a Fire Protection Sprinkler System Contractor under RCW 18.160.
- 2) Count the number of certified employees you have submitted for new credentials in this process. Record that number here.
- 3) Identify each affected employee by name. Remember only those issued certifications under RCW 18.160 are to be included and those certifications are identified as Levels 1, 2, 3, U, or ITT. There should be a complete certificate document for each name listed and any missing pieces accounted for.
- 4) Submit NO PAYMENT, as this is merely an administrative action.
- 5) Your license and the associated certifications are NOT considered interrupted during this time. Your licensing and certification status remain intact, as this is not a revocation, suspension, or other punitive action.
- 6) Once received and verified that issuance is valid and legal, the new documentation can be on its way in as little as two (2) working days, but allow up to ten (10) working days on the outside.
- 7) The instruction form for ordering the new Specialty Certification Stamp will be provided with the newly issued certifications. The exception to this is the Inspection and Testing Technician, who is not issued a certification stamp.
- 8) All affected certifications will be returned to the company with the new license and the stamp order instructions (as applicable).

CHANGE OF LICENSING NAME