



**FIRE PROTECTION BUREAU
LICENSING AND CERTIFICATION PROGRAMS
PO Box 42642
Olympia WA 98504-2642
(360) 596-3946 FAX: (360) 596-3934
Email: firesprinkler@wsp.wa.gov**



Please read instructions carefully. Incomplete or missing information may delay processing and/or result in rejection.

To apply for certification as a **QUALIFIED EXEMPT Competency Holder**, you will need to:

- 1) Work for anyone NOT licensed as a Fire Protection Sprinkler System Contractor and who does not currently meet any permutation of the term “contracting for fire protection sprinkler system work.” You yourself cannot be considered either contracting for fire protection sprinkler system work or working for anyone who is.
- 2) Include a letter detailing how you are exempt from [RCW 18.160](#) and/or [WAC 212-80](#) and why you need evidence of certification from the Washington State Fire Marshal’s Office.

(Please note the exemptions noted in law and rule are merely explanative and not meant to be all-inclusive).

- 3) Decide the level of certification you seek and include evidence of qualifying for that certification. This evidence varies based on level but is **identical** to those seeking normal certification as a Certificate of Competency Holder under a contracting license. Reference those specific applications for details on qualification.
- 4) You **MUST** include a copy of a government-issued photo identification that possesses a sample of your signature.
- 5) **DO NOT SUBMIT** any fees initially. You will be billed once the application has been deemed complete, valid, and legal using the fee submittal form you will complete as part of this application.

(With regards to the cost of certification, you will be required to pay an initial application fee of \$50.00 and an annual certification fee pro-rated from \$50.00. Pro-rating is based upon the month of your initial certification.)

- 6) Please complete all sections of this application. Write “NOT APPLICABLE,” “DOES NOT APPLY,” or other clarifying statements.
- 7) Print legibly, complete electronically, or have it typed.
- 8) Return all portions of this document marked “MUST RETURN.”
- 9) This is an annual program based upon the calendar year. Everything issued will expire December 31 of the year of issue.
- 10) Submit the completed application in its entirety along with your evidence of qualifying for certification and letter of exemption to:

USPS
Post Office Box 42642
Olympia, WA 98504-2642

E-Mail
firesprinkler@wsp.wa.gov

Fax
(360) 596-3934

- 11) If the certification you seek requires our examination, you will be contacted once your completed application has been approved for test scheduling. Certification would then be contingent upon passing that test.
- 12) A completed application can take between two (2) and ten (10) working days to process and issue.

QUALIFIED EXEMPT CERTIFICATE OF COMPETENCY APPLICATION



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QUALIFIED EXEMPT CERTIFICATE OF COMPETENCY HOLDER should be aware of the following:

- QUALIFIED EXEMPT certification simply means you meet the requirements for certification by law and/or rule but are exempt from compliance. This exemption is based on the concept of RCW 18.160 being a contractor's law and – as a short hand rule of thumb – as long as there is no contracting involved, you would be exempt.
- People who are exempt are not obligated by this office to possess any certification. This obligation comes from outside our office and the requirements of RCW 18.160.
- **Do not** bid for any sprinkler work or perform any work for a sprinkler contractor – both actions invalidate your exemption status, making you fully subject to RCW 18.160 and its enforcement. Including fines for violation.
- If you lose your exemption status, your certification becomes immediately invalid. Notify us immediately to either be reissued under the license of a fire protection sprinkler system contractor or marked as **“inactive”** for the rest of the licensing and certification year.

(Inactive certifications cannot remain inactive through the following year.)

- You cannot be issued certification as QUALIFIED EXEMPT and as a Certificate of Competency to a licensed fire protection sprinkler system contractor. You are either exempt from law or subject to it.
- Any certification issued as QUALIFIED EXEMPT only reflects that the individual has met the qualifications for certification as prescribed by law and/or rule. This office takes no responsibility for the character or performance of the individual. Certificate of Competency Holders are normally certified under the license of a Fire Protection Sprinkler System Contractor under RCW 18.160 who monitors, oversees, and is ultimately responsible for any work their employees perform. A QUALIFIED EXEMPT certificate holder operates outside this construct because they are exempt from law.
- Reference the chart below for more details on work allowed by the individual certification level.

(Please note these are specific to those carrying the certification, as some functions can be supervised.)

Levels of Certification	Single family, single story homes Purview of NFPA 13 – D					Multi-family, 4 > stories in height Purview of NFPA 13 – R					Commercial – Full Protection Purview of NFPA 13				
	Design	Installation~	Inspection and Testing	Repair and Maintenance~	Underground Fire Service Mains	Design	Installation~	Inspection and Testing	Repair and Maintenance~	Underground Fire Service Mains	Design	Installation~	Inspection and Testing	Repair and Maintenance~	Underground Fire Service Mains
Level 1	X	X	X	X	X										
Level 2	X	X	X	X	X	X	X	X	X	X					
Level 3	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Level ITT*	<i>Not Addressed By NFPA 25</i>							X					X		
Level U	<i>Not Addressed By NFPA 24</i>									X					X
Residential		X		X			X		X						
Journey		X		X			X		X			X		X	

* Limited to inspection and testing of wet and dry pipe systems ONLY. Deluge, pumps, and chemical systems must be supervised/signed off by a Certificate of Competency Holder certified at the level of system with the component – usually Level 3.

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Date Received

INITIAL APPLICATION: QUALIFIED EXEMPT CERTIFICATION

This form is only for use by a first-time applicant who would normally seek certification as a Certificate of Competency Holder as defined by RCW 18.160 or WAC 212-80 but is considered exempt from complying with either the state law or its rule set.

Certification Level: Level 1 Level 2 Level 3 Level U Level ITT

Applicant Full Name:	_____		
Mailing Address:	_____		
	Street Address or PO Box		
	City	State	ZIP Code
Phone Number:	_____	FAX Number:	_____
E-Mail Address:	_____		
Last Four Digits of Social Security Number:	_____	<i>(or four unique digits of your choosing)</i>	
Exempt Employer You Work For:	_____		
List any Previously Issued Certifications From our Office:	_____		
	(N/A if Not Applicable)		

I have performed work of a similar nature to this certification before:

Yes (complete below - **required**) No (move to next question)

Years	Company	City/State	Position

In my past I have been arrested, charged, and/or convicted of criminal and/or civil violations:

Yes (complete below - **required**) No (move to next question)

Year	Charge	Disposition

RCW 18.160.080 makes felony conviction a potential hindrance to certification, with arson and fraud of particular concern. However, each application will be evaluated individually without bias.

I, the applicant for a QUALIFIED EXEMPT certification, hereby swear and attest to be an individual who would otherwise be considered exempt from RCW 18.160 and/or WAC 212-80, whether by language or intent. Though not employed either directly or indirectly by the sprinkler industry/trade, this certification is necessary through obligations other than RCW 18.160 or WAC 212-80. I understand that by making this application, I am surrendering my exemption status, agreeing to be compliant with RCW 18.160 and WAC 212-80, and will ONLY use this certification while truly exempt.

Printed Name of QUALIFIED EXEMPT Applicant

Signature of QUALIFIED EXEMPT Applicant

Date of Signature

QUALIFIED EXEMPT CERTIFICATE OF COMPETENCY APPLICATION



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QUALIFIED EXEMPT AFFIDAVIT OF COMPLIANCE

Name of Certification Applicant: _____

As an applicant for certification as a QUALIFIED EXEMPT Certificate of Competency Holder in accordance with Revised Code of Washington (RCW) 18.160 and Washington Administrative Code (WAC) 212-80, I hereby make the following statements of compliance to the Washington State Patrol Fire Protection Bureau in seeking this certification:

- 1) I have read, understand, and will abide by RCW 18.160 and its administrative rule set, WAC 212-80, by neither working as a fire protection sprinkler system contractor nor working for one while holding a QUALIFIED EXEMPT certification.
- 2) I meet the criteria necessary to be exempt from RCW 18.160 and/or WAC 212-80 – whether by language or by intent.
- 3) I understand and accept that the Washington State Patrol will make information regarding my certification status available to the public to assist in ensuring compliance with state law and rule.
- 4) I will only use my certification in connection to work I have personally performed and understand my QUALIFIED EXEMPT certification status is granted only within the scope of the certification level it is issued at.
- 5) Any and all information herein provided to the Washington State Fire Marshal's Office and the Licensing and Certification Programs in this application and any supporting documentation is accurate and true. I have filled this application out completely, withheld nothing, and understand and accept that any incomplete and/or illegible applications can be summarily rejected.
- 6) I hereby release the Washington State Patrol Fire Protection Bureau and its employees from any liability or damage that may result from providing the information included in this application to any other regulatory or enforcement organization on the federal, state, and/or local level.

Printed Name of the QUALIFIED EXEMPT Certification Applicant

Position with Company

Signature of QUALIFIED EXEMPT Certification Applicant

Date of Signature, Consent, and Application

Subscribed and sworn before me this the _____ day of _____ of the calendar
date full month
 year _____ in the city and county of _____.
four digit year city, county

Signature of Notary Public

Date Signature was Witnessed

Printed name and contact information of the notary public

Seal of the Notary Public

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FEE SUBMITTAL: INITIAL QUALIFIED EXEMPT CERTIFICATION

Name of Certification Applicant:	_____
Employer:	_____
<input type="checkbox"/>	Both me and my employer meet the criteria of being exempt from RCW 18.160 and WAC 212-80 – whether by language alone or by intent.

- 1) Complete the above portion of this form and submit it as part of your application. Unless otherwise noted, DO NOT include any fees with your initial submission.
- 2) Once approved for certification and after any required testing is successfully passed, this form is returned to you with the amount due calculated by our office. This document is not valid unless signed by an employee of the Fire Protection Bureau.
- 3) Based upon the application's completion date and projected processing times, we try to offer two options for your initial month of certification. Each quote is for the remainder of the year, as set by month, and has a payment due date.

(Payments must be received by the chosen Quote's due date to begin certification for that month and any applications pending after the due date noted in Quote 2 will be rejected.)

- 4) Checks are written out to the Washington State Patrol Fire Protection Bureau (WSP FPB).
- 5) A fee submittal form **must** be returned with your payment. Failure to do so or submitting a partial or incomplete payment will result in your payment being rejected.

<u>Quote 1 (Target)</u>	<u>Quote 2 (No Later Than)</u>
Month: <input style="width: 100%;" type="text"/>	Month: <input style="width: 100%;" type="text"/>
Certification Fees: <input style="width: 100%;" type="text"/>	Certification Fees: <input style="width: 100%;" type="text"/>
Due Date: <input style="width: 100%;" type="text"/>	Due Date: <input style="width: 100%;" type="text"/>
_____ <i>Printed Name of WSP FPB Staff Member</i>	_____ <i>Signature of WSP FPB Staff Member</i>
	_____ <i>Date of Signature</i>

The following Certification Pro-Ration Chart is ONLY provided for your information.

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
\$50	\$44	\$40	\$36	\$32	\$28	\$24	\$20	\$16	\$12	\$8	\$4

QUALIFIED EXEMPT CERTIFICATE OF COMPETENCY APPLICATION