



**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 **Level 2 Certificate of Competency Holder**, you will need to:

- 1) Work for a fire protection sprinkler system contractor licensed at either Level 2 or 3. Your level of certification cannot be issued under any other licensing level. *(This is a limitation of certification per RCW 16.160)*
- 2) Attach evidence of qualifying for certification as a Level 2 Certificate of Competency Holder as either:
  - a. Being a properly registered Washington State Professional Engineer. Including a copy of your engineering seal with the application will be sufficient evidence.
  - b. Possessing certification through the National Institute for Certification in Engineering Technologies (NICET) of at least Level 2 in Water Based Systems Layout. Provide a copy of that certification.
- 3) **You MUST include a copy of a government-issued photo identification that possesses a sample of your signature.**
- 4) 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 a part of this application.

*With regards to the certification costs, there is an initial application fee of \$50.00 and an annual certification fee pro-rated from \$50.00. This pro-ration is based upon the month of your initial certification and does not include the cost of your employer's licensing (if necessary).*

- 5) Please complete all sections of this application. Write "NOT APPLICABLE," "DOES NOT APPLY," or other clarifying statements.
- 6) Return all portions of this document marked "MUST RETURN."
- 7) This is an annual program based upon the calendar year. Everything issued will expire December 31 of the year of issue.
- 8) Submit a **completed** application in its entirety either on its own (if working for a currently licensed contractor) or enclosed as a part of a new licensing application remarked on their fee submittal form to:

**USPS**  
Post Office Box 42642  
Olympia, WA 98504-2642

**E-Mail**  
[firesprinkler@wsp.wa.gov](mailto:firesprinkler@wsp.wa.gov)

**Fax**  
(360) 596-3934

- 9) A completed application can take between two (2) and ten (10) working days to process and issue.

LEVEL 2 CERTIFICATE OF COMPETENCY APPLICATION



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Those applying as a **Level 2 Certificate of Competency Holder** should be aware of the following:

- Certificate Holders are not a fire protection sprinkler system contractor and cannot bid for any work themselves. If you act as a fire protection sprinkler system contractor, you will be treated like one – including the fines for unlicensed operations.
- A Certificate of Competency Holder can only work for one (1) licensed fire protection sprinkler system contractor at any one time and your certification is issued under that single license. In this way, you are considered to be working full time as required by law. Notify us of any employment changes within thirty (30) days and before engaging in work as a Level 2 Certificate of Competency Holder for another employer.
- If your employing contractor is currently licensed, it would normally be as Level 2. However, you can also be employed by a Level 3 contractor, just not as their only Certificate of Competency Holder. Now while the company can work on any kind of system, Level 2 certification limits your work to only residential occupancies as defined/referenced by NFPA 13 – D and/or NFPA 13 – R. This includes the dedicated underground fire service main.
- When your employer is applying for licensing with you as the only certificate applicant, they can only apply for licensing as a Level 2 Fire Protection Sprinkler System Contractor.
- Level 2 is the second level of a tiered system. The Level 2 Certificate of Competency allows you to either personally perform or supervise any and all aspects of any and all portions of a residential fire protection sprinkler system as referenced/defined by NFPA 13 – D and NFPA 13 – R. You cannot work beyond your level of certification or outside the scope of your employing contractor’s license. You are responsible for any and all use of your certification stamp.
- This is an annual program based upon the calendar year. Everything issued expires December 31 of the year of issue.

*(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: LEVEL 2 CERTIFICATION

*This form is only for use by a first-time applicant seeking individual certification as a Level 2 Certificate of Competency Holder limited to design and other fire protection sprinkler system work on residential structures up to and including four stories in height as defined by, referenced by, or otherwise compliant with NFPA 13 – D and NFPA 13 – R, including the underground fire service main for those systems.*

**Date of submission:** \_\_\_\_\_

**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:** \_\_\_\_\_ (or four unique digits of your choosing)

**Licensed Contractor 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.*

### NATURE OF CERTIFICATION

- Currently Licensed Employer:** I am applying for certification under the current license of a Level 2 or 3 Fire Protection Sprinkler System Contractor.
- Employer Applying for Licensing:** I will be included in the application for a new Level 2 Fire Protection Sprinkler System Contractor license and have been remarked on their fee submittal form.

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## AFFIDAVIT OF COMPLIANCE FOR CERTIFICATION

**Name of Certification Applicant:** \_\_\_\_\_

As an applicant for certification as a Level 2 Fire Protection Sprinkler System 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.
- 2) While engaged in the fire protection sprinkler system trade, I will follow all relevant state-adopted and locally enacted standards and codes to the best of my ability.
- 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 either personally performed or supervised.
- 5) I will not work above the level of my certification or outside the scope of my employer's contracting license.
- 6) 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.
- 7) 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 Certificate of Competency Applicant*

\_\_\_\_\_  
*Position with Company*

\_\_\_\_\_  
*Signature of Certificate of Competency 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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## VERIFICATION OF EMPLOYMENT FOR A CERTIFICATE OF COMPETENCY HOLDER

<b>Name of Applicant/Employee:</b>	_____		
<b>Name of Employing Licensed Contractor:</b>	_____		
<b>Company Signatory:</b>		<b>Phone Number:</b>	_____
<b>Signatory E-Mail Address:</b>	_____		
<input type="checkbox"/>	<b>SELF-VERIFICATION:</b> Check box <b>ONLY</b> if the Applicant/Employee and Company Signatory are the same person <b>AND</b> no one else can verify employment with this company.		

I, as the company signatory for the licensed fire protection sprinkler system contractor identified above, do hereby swear and attest that the listed applicant is an employee of this fire protection sprinkler system contractor and is working full time under our license alone while engaged in the fire protection sprinkler system trade regulated by [RCW 18.160](#) and [WAC 212-80](#). I further understand this statement means any and all work performed by this individual will be done under my license and remain as such until their certificate, stamp, and certification record no longer bears our name.

I verify that I am authorized by the licensed fire protection sprinkler system contracting company to make this statement on their behalf and further hereby make myself available to the Washington State Patrol Fire Protection Bureau and the Licensing and Certification Programs to answer any questions regarding this candidate for certification and/or their employment status with our company.

\_\_\_\_\_  
*Printed Name of the Licensed Fire Protection Sprinkler System Contractor's Signatory*

\_\_\_\_\_  
*Position with Company of Signatory*

\_\_\_\_\_  
*Signature of Licensed Fire Protection Sprinkler System Contractor Signatory*

\_\_\_\_\_  
*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 LEVEL 2 CERTIFICATION

<b>Name of Certification Applicant:</b>	_____
<b>Employer:</b>	_____
<b>Employer Status:</b>	<input type="checkbox"/> Currently Licensed – Submitting application alone. <input type="checkbox"/> Becoming Licensed – Submitting together and I am noted on their fee submittal form.

- 1) Complete the above portion of this form and submit it as part of your/the application. Unless otherwise noted, DO NOT include any fees with your initial submission.
  - a. When submitting as part of a licensing application, be certain you are noted on their fee submittal form and have your application included in their licensing packet.
- 2) Once approved for certification, 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.
  - a. When a part of a licensing application, only the Licensing and Certification Fee Submittal Form is returned to the contractor and your fees will be noted therein.
- 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.
  - a. When combined with a licensing application, you and your employer must agree on the Quote, as the license and certification are issued together.

*(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.
- 6) When included with a licensing application, only the licensing and certification fee submittal form will be used.

<u>Quote 1 (Target)</u>		<u>Quote 2 (No Later Than)</u>	
Month of Issuance:	<input type="text"/>	Month of Issuance:	<input type="text"/>
Amount Due:	<input type="text"/>	Amount Due:	<input type="text"/>
Due Date:	<input type="text"/>	Due Date:	<input 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 Level 2 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

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