

# FIRE PROTECTION BUREAU EDUCATION, ENFORCEMENT, AND ANALYTICS SECTION PO Box 42642

WASHINGTON STATE PATROL

Olympia WA 98504-2642 (360) 596-3946 - firesprinkler@wsp.wa.gov

### LEVEL 3 CERTIFICATE OF COMPETENCY APPLICATION

Read ALL instructions below carefully. Incomplete, illegible, or missing information will delay processing and may result in rejection. To apply for certification as a **Level 3 Certificate of Competency Holder** you must:

- 1) Work for a licensed Level 3 Fire Protection Sprinkler System Contractor.
- 2) Qualify for certification. This is accomplished by meeting one of the following conditions:
  - a. Provide a copy of your certification through the National Institute for Certification in Engineering Technologies (NICET) of at least Level III in Water-Based Systems Layout Technician.
  - b. Provide a copy of your license and/or seal as a currently licensed Washington State Professional Engineer.
- 3) You MUST include a copy of a government-issued photo identification that possesses a representative sample of your signature.
- 4) Unless otherwise instructed, DO NOT SUBMIT any fees initially. Once the application has been accepted as complete you will be billed using the Fee Submittal Form you will complete as part of this application.

With regards to the certification costs, there is an initial application fee of \$ 100.00 and an annual certification fee pro-rated from \$ 100.00. 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). More information on these fees can be found in Form Number 3000-420-065 — The Sprinkler Licensing and Certification Program Fee Schedule.

- 5) Complete all sections of this application. Write "NOT APPLICABLE", "DOES NOT APPLY", or other clarifying statements as needed. Blank entries may constitute an incomplete application.
- 6) Return all portions of this completed application marked "MUST RETURN AS PART OF THE APPLICATION" at the bottom right of the page along with all applicable qualification documentation to:

#### **USPS**

E-Mail (Preferred) firesprinkler@wsp.wa.gov

Washington State Patrol Fire Protection Bureau Education, Enforcement, and Analytics Section Post Office Box 42642 Olympia, WA 98504-2642

- 7) Within two to ten (2-10) working days of this paperwork being accepted as complete, you will be provided the completed Fee Submittal Form with the amount and date due. Your payment must be received by this due date with the completed Fee Submittal Form. If submitted as part of a licensing application, your fees will be included on their Fee Submittal Form which must be paid for either to be issued.
- 8) Once the payment as described above is received, the document(s) will be mailed out to the physical mailing address as provided in the application paperwork within two to ten (2-10) working days.



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## INITIAL APPLICATION: LEVEL 3 CERTIFICATION

This form is only for use by a first time applicant seeking individual certification as a Level 3 Certificate of Competency Holder, who is free to design any residential or commercial structure up to and including those four stories in height as defined by, referenced by, or otherwise compliant with any version/iteration of NFPA 13, including the underground fire service main for such systems.

|   | 13, including the undergroun  | ia jire service main jor si  | ich systems.  |  |  |  |
|---|---|--|---|--|--|--|
| <b>Date of submission:</b>  |   |  |   |  |  |  |
| <b>Applicant Full Name:</b>   |   |  |   |  |  |  |
| Mailing Address:  |   |  |   |  |  |  |
|   | Street Address or PO Box  |  |   |  |  |  |
|   | City  |  | State ZIP Code  |  |  |  |
| <b>Phone Number:</b>  | FAX   | Number:  |   |  |  |  |
| E-Mail Address:   |   |  |   |  |  |  |
| Last Four Digits of So  | ocial Security Number:  | (or four ı   | nique digits of your choosing)  |  |  |  |
| <b>Licensed Contractor</b>  | You Work For:   |  |   |  |  |  |
| List ANY AND ALL Curr   | ently or Previously Certifications  | s Issued By This Office, Incl  | uding Your Certification Number:  |  |  |  |
|   |   |  |   |  |  |  |
|   | (N/A if   | Not Applicable)  |   |  |  |  |
| I have performed work   | of a similar nature to this cer   | tification before:   |   |  |  |  |
| Yes (complete below - <u>required</u> )  No (move to next question) |   |  |   |  |  |  |
| Yes (complete be  | row - <u>required</u> )   | No (move to next question  | n)  |  |  |  |
| Years Yes (complete be  | Company   | City/State   | Position  |  |  |  |
|   |   | ` .  | <u></u>   |  |  |  |
|   |   | ` .  | <u></u>   |  |  |  |
| Years   |   | City/State   | Position  |  |  |  |
| Years   | arrested, charged, and/or con   | City/State   | Position  civil violations:   |  |  |  |
| In my past I have been  | arrested, charged, and/or con   | City/State  victed of criminal and/or  | Position  civil violations:   |  |  |  |
| In my past I have been Yes (complete be                             | arrested, charged, and/or con   | City/State  victed of criminal and/or  | Position civil violations:  |  |  |  |
| In my past I have been Yes (complete be                             | arrested, charged, and/or con   | City/State  victed of criminal and/or  | Position civil violations:  |  |  |  |
| In my past I have been Yes (complete be Year  RCW 18.160.080 make   | Company  arrested, charged, and/or conclow - required)  Charge  Selony conviction a potential                                 | City/State  victed of criminal and/or No (move to next question  all hindrance to certificati  | Position  civil violations:  n)  Disposition  on, with arson and fraud of |  |  |  |
| In my past I have been Yes (complete be Year  RCW 18.160.080 make   | Company  arrested, charged, and/or conclow - required)  Charge  Selony conviction a potential owever, each application will   | City/State  victed of criminal and/or No (move to next question  al hindrance to certification be evaluated individually                           | Position  civil violations:  n)  Disposition  on, with arson and fraud of |  |  |  |
| In my past I have been Yes (complete be Year  RCW 18.160.080 make   | Company  arrested, charged, and/or conclow - required)  Charge  Selony conviction a potential owever, each application will   | City/State  victed of criminal and/or No (move to next question  all hindrance to certificati  | Position  civil violations:  n)  Disposition  on, with arson and fraud of |  |  |  |
| In my past I have been Yes (complete be Year  RCW 18.160.080 make   | arrested, charged, and/or conclow - required)  Charge  Selony conviction a potential owever, each application will  NATURE OF | City/State  victed of criminal and/or No (move to next question  the hindrance to certificate be evaluated individually rtification under the curr | Position  civil violations:  n)  Disposition  on, with arson and fraud of |  |  |  |



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## AFFIDAVIT OF COMPLIANCE FOR CERTIFICATION

| N       | ame of Certification Applicant: _   |                        |  |  |  |  |  |
|---------|---|------------------------|--|--|--|--|--|
| with Re | applicant for certification as a Level 3 Fire Protection evised Code of Washington (RCW) 18.160 and Washing statements of compliance to the Washington State                    | ington Administrati    | ve Code (WAC) 212-80, I hereby make the        |  |  |  |  |
| 1)      | I have read, understand, and will abide by RCW 18.  | .160 and its adminis   | trative rule set, WAC 212-80.                  |  |  |  |  |
| 2)      | 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 P available to the public to assist in ensuring complian  |                        |  |  |  |  |  |
| 4)      | I will only use my certification in connection to wor   | rk I have either perse | onally performed or supervised.                |  |  |  |  |
| 5)      | Any and all information herein provided to the Was Enforcement, and Analytics Section in this application out completely, withheld noth applications can be summarily rejected. | ion and any support    | ing documentation is accurate and true. I have |  |  |  |  |
| 6)      | I hereby release the Washington State Patrol Fire Pr<br>may result from providing the information included<br>organization on the federal, state, and/or local level.           | in this application t  |  |  |  |  |  |
|         | Printed Name of the Certificate of Competency Appli   | icant                  | Position with Company                          |  |  |  |  |
|         | Signature of Certificate of Competency Applican   | t                      | Date of Signature, Consent, and Application    |  |  |  |  |
| Sub     | oscribed and sworn before me this the   | day of                 | of the calendar                                |  |  |  |  |
|         | uuic  |                        |  |  |  |  |  |
| yea     | in the city and county of four digit year   |                        | city, county                                   |  |  |  |  |
|         | in the city and county of  four digit year  Signature of Notary Public  |                        | ·  |  |  |  |  |
|         | four digit year  Signature of Notary Public   | Printed name and       | city, county                                   |  |  |  |  |

Seal of the Notary Public



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## VERIFICATION OF EMPLOYMENT FOR A CERTIFICATE OF **COMPETENCY HOLDER**

| Name of Applicant/Employee:   |  |  |  |
|---|--|--|--|
| Name of Employing Licensed Contractor:  |  |  |  |
| Company Signatory Name:   | <b>Phone Number:</b>   |  |  |
| <b>Employment Start Date:</b>   |  |  |  |
| Signatory E-Mail Address:   |  |  |  |
| SELF-VERIFICATION: Check box ONLY if the Applicant/Emplo<br><u>AND</u> no one else can verify employment with this company.   | oyee and Company Signatory are the same person   |  |  |
| as the company signatory for the licensed fire protection sprinkle reby swear and attest that the listed applicant is an employee of a ntractor and is working full time under our license alone while ende regulated by RCW 18.160 and WAC 212-80. I further under reformed by this individual will be done under my license and restriction record no longer bears our name.  We reify that I am authorized by the licensed fire protection sprinkle attement on their behalf and further hereby make myself available otection Bureau and the Education, Enforcement, and Analytics is candidate for certification and/or their employment status with | this fire protection sprinkler system engaged in the fire protection sprinkler system estand this statement means any and all work main as such until their certificate, stamp, and er system contracting company to make this e to the Washington State Patrol Fire Section to answer any questions regarding |  |  |
| 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  |  |  |
| year in the city and county of  | full month   |  |  |
| 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 3 CERTIFICATION

| Name of Certification Applicant: |   |  |  |  |  |
|----------------------------------|---|--|--|--|--|
| <b>Employer:</b>                 |   |  |  |  |  |
| Employer Status:                 | Currently Licensed – Submitting application alone.                                  |  |  |  |  |
|                                  | 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 costs will be noted on their form.
- 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) This 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.

| Quote 1 (Target)       |                 | Quote 2 (No Later Than)           |                   |  |  |
|------------------------|-----------------|-----------------------------------|-------------------|--|--|
| Month:                 |                 | Month:                            |                   |  |  |
| Amount Due:            |                 | Amount Due:                       |                   |  |  |
| <b>Due Date:</b>       |                 | Due Date:                         |                   |  |  |
|                        |                 |                                   |                   |  |  |
| Printed Name of WSP F. | PB Staff Member | Signature of WSP FPB Staff Member | Date of Signature |  |  |

The following Level 3 Certification Pro-Ration Chart is <u>ONLY</u> provided for your information.

| FEB  | MAR  | APR  | MAY  | JUN  | JUL  | AUG  | SEP  | OCT  | NOV  | DEC |
|------|------|------|------|------|------|------|------|------|------|-----|
| \$92 | \$83 | \$75 | \$67 | \$58 | \$50 | \$42 | \$33 | \$25 | \$17 | \$8 |