



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



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

#### LEVEL U 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 **Specialized Level U Certificate of Competency Holder** you must:

- 1) Work for a licensed fire protection sprinkler system contractor who can employ you. If currently licensed, they must be from the normal tiers of Levels 2 or 3 or specialized as Level U. If you are the only certificate holder being included with the licensing application, then the company can ONLY apply for licensing as a Specialized Level U Fire Protection Sprinkler System Contractor.
- 2) Qualify for certification by passing the Specialized Level U Certificate of Competency Holder Examination.
- 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 you have passed the examination (if necessary) and 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 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) You will be contacted within two to ten (2-10) working days of your application's receipt and approval for testing to make arrangements for the examination. Your certification will be contingent upon passing this examination. Upon passing this test or otherwise meeting the qualification requirements, your application will be accepted as complete.
- 8) 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.
- 9) 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.

3000-420-265 (R 3/23)

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### INITIAL APPLICATION: SPECIALIZED LEVEL U CERTIFICATION

This form is only for use by a first-time applicant seeking certification as a specialized Level U Certificate of Competency Holder limited to only the installation of dedicated underground fire service mains for water-based fire protection sprinkler systems.

Date of submiss	sion:							
Applicant Full 1 Mailing Address	ss:	Address or PO Box						
Phone Number: E-Mail Address		FAX N	umber:	State ZIP Code				
Last Four Digit Licensed Contr		curity Number: ork For:	(or four t	unique digits of your choosing)				
List ANY AND AL	LL Currently or	·	ot Applicable)	uding Your Certification Number:				
		I have performed work of a similar nature to this certification before:  Yes (complete below - required)  No (move to next question)						
	Company City/State Position							
Years	C	ompany	City/State	<u></u>				
Years	C	ompany	City/State	<u></u>				
In my past I have		d, charged, and/or convi	-	Position  civil violations:				
In my past I have	e been arreste	d, charged, and/or convi	cted of criminal and/or	Position  civil violations:				
In my past I have	e been arreste	d, charged, and/or convi	cted of criminal and/or	Position  civil violations:				
In my past I have Yes (comp	e been arreste lete below - <u>r</u>	d, charged, and/or convice quired No  Charge  Charge  conviction a potential Reach application will be	cted of criminal and/or (move to next question) hindrance to certificate e evaluated individuals	Position  civil violations: n)  Disposition  on, with arson and fraud of				
In my past I have Yes (comp	e been arreste lete below - <u>r</u>	d, charged, and/or convice quired No  Charge  Charge  conviction a potential Reach application will be	cted of criminal and/or (move to next question)	Position  civil violations: n)  Disposition  on, with arson and fraud of				
In my past I have Yes (comp  Year  RCW 18.160.080 particular conce	e been arrested blete below - <u>r</u> O makes felony orn. However,	d, charged, and/or convice quired  Charge  Charge  conviction a potential is each application will be NATURE OF C	cted of criminal and/or (move to next question)  hindrance to certificate evaluated individuals  CERTIFICATION  fication under the curr	Position  civil violations: n)  Disposition  on, with arson and fraud of				



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## AFFIDAVIT OF COMPLIANCE FOR CERTIFICATION

Na	me of Certification Applicant:						
accorda	pplicant for certification as a Specialized Level U F nce with Revised Code of Washington (RCW) 18.1 te following statements of compliance to the Washington	60 and Washington	n Administrative Coo	le (WAC) 212-80, I hereby			
1)	1) We 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, we will follow all relevant state-adopted and locally enacted standards and codes to the best of our ability.						
3)	We understand and accept that the Washington Sta available to the public to assist in ensuring complia			ng our certification status			
4)	We will only use our certification in connection to	work we have eith	er personally perform	ned or supervised.			
5)	We will not work above the specialized level of ou	r certification or or	atside the scope of or	ur employer's license.			
6)	Any and all information herein provided to the Wa Enforcement, and Analytics Section in this applica have filled this application out completely, withhel illegible applications can be summarily rejected.	tion and any suppo	rting documentation	are accurate and true. We			
7)	We hereby release the Washington State Patrol Fir that may result from providing the information inc organization on the federal, state, and/or local leve	luded in this applic					
	Printed Name of the Certificate of Competency App	licant		Position with Company			
	Signature of Certificate of Competency Applica	nt		nature, Consent, and Application			
C1-			, 0				
Sub	scribed and sworn before me this the	day of	full month	of the calendar			
year	in the city and county of	•	<b>y</b>				
	four digit year	city, county					
	Signature of Notary Public			Signature was Witnessed			
	Signuare of Houry Luone	Printed name an		ation of the notary public			
	•						

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:		
<b>Company Signatory Name:</b>	]	Phone Number:
<b>Employment Start Date:</b>		
Signatory E-Mail Address:		
SELF-VERIFICATION: Check box ONLY if the A AND no one else can verify employment with this co		and Company Signatory are the same person
hereby swear and attest that the listed applicant is a contractor and is working full time under our licens trade regulated by RCW 18.160 and WAC 212-80. performed by this individual will be done under my certification record no longer bears our name.  I verify that I am authorized by the licensed fire prostatement on their behalf and further hereby make in Protection Bureau and the Education, Enforcement, this candidate for certification and/or their employn	se alone while engage I further understage license and remain tection sprinkler sayself available to and Analytics Segment 1998.	aged in the fire protection sprinkler system and this statement means any and all work in as such until their certificate, stamp, and system contracting company to make this the Washington State Patrol Fire ction to answer any questions regarding
Printed Name of the Licensed Fire Protection Sprinkler System C	Contractor's Signatory	Position with Company of Signatory
Signature of Licensed Fire Protection Sprinkler System Cont	tractor 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 o		full month
four digit year	city, county	
Signature of Notary Public	Printed name an	Date Signature was Witnessed d contact information of the notary public
Seal of the Notary Public		



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## FEE SUBMITTAL: INITIAL SPECIALIZED LEVEL U CERTIFICATION

Name of Certification Applicant:						
Employer:						
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 you have passed the certification examination, 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 choice, 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 still 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 FI	PB Staff Member	Signature of WSP FPB Staff Member	Date of Signature		

The following Level U 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