

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



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

TRANSFERRING A CERTIFICATE OF COMPETENCY

Read ALL instructions below carefully. Incomplete, illegible, or missing information will delay processing and may result in rejection. To transfer your certification to a new employer licensed as a Fire Protection Sprinkler System Contractor you must:

- 1) Be currently certified as a Level 1, 2, 3, U, or ITT Certificate of Competency Holder for the current Sprinkler Licensing and Certification Program Year.
- 2) Be working for a Fire Protection Sprinkler System Contractor legal to employ your level of certification.
 - a. If the new employer is not currently licensed this form must be included in their licensing application.
 - b. If the new employer makes you exempt from RCW 18.160 but you need this certification to demonstrate competency to another authority (city, federal, etc.) you must instead complete the QUALIFIED EXEMPT Application.
 - c. If there is no new employer, your current certification will become inactive. INACTIVE certifications will not be sent a replacement certificate, a renewal for the next cycle, or be allowed an INACTIVE certification stamp.
- 3) Return the originally issued certification in its entirety to this office with this form. The original certification is an 8 ½" X 11" document that can be separated into three component pieces a wall mount, a wallet card, and an employer index card. Any piece that cannot be returned must be accounted for on this form. Failure to do so will delay the processing of this request.
 - a. For any Level 1, 2, 3, or U Certificate of Competency Holder, you must also return, destroy, or otherwise account for any certification seal created under the license of your previous employer.
- 4) You MUST include a copy of a government-issued photo identification that possesses a representative sample of your signature.
- 5) Unless otherwise instructed, DO NOT SUBMIT any fees. There is no cost involved in a certification transfer and any situation which may warrant a fee will be assessed by this office prior to issuance.
- 6) Leave NOTHING blank in this application. Write "NOT APPLICABLE", "DOES NOT APPLY", or other clarifying statements as needed. Blank entries may constitute an incomplete application.
- 7) Return all portions of this completed application marked "MUST RETURN AS PART OF THE APPLICATION" at the bottom right of the page along with the original certification document and certification seal (if applicable) to:

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

8) A properly completed and otherwise legal to issue transferred certification will be issued within two to ten (2-10) working days.

3000-420-249 (R 4/23) DO NOT RETURN



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

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CERTIFICATE TRANSFER: CERTIFICATE OF COMPETENCY

Holder transferring their certification from the employ	by a <u>CURRENTLY</u> certified Certificate of Competency er on their certification to another licensed contractor. AND before performing this work for the new employer.
Certification Level: Level 1 Level 2	Level 3 Level U Level ITT
YOU MUST INCLUDE THE FOLLOW	NG FOR A COMPLETE SUBMISSION
The original full 8 ½" X 11" certification do	cument issued by this office to you.*
*Specify which portion is being return	ned or account for any portion not included:
Wall Mount Certificate	
Wallet Card	
Employer Index Card	
Verification of Employment Form – MUST I	be completed by the new employer.
I was authorized to purchase a certification s	tamp and:
Hereby swear, attest, and confi	rm it has been destroyed and can no longer be used.
Have included it with this subn	nission for your records.
Date of Change/Transfer:	
CERTIFICATE OF COMPETE	NCY HOLDER INFORMATION
Complete Name of Certificate Holder:	
Certification Number:	(as issued by this office)
Complete Mailing Address:	
Phone Number:	FAX Number:
E-Mail Address:	
Previous Employer:	
New Employer Contractor:	
Contractor (Specialty) Number of New Employer:	(as issued by L&I)
Printed Name of Certificate Holder	
Signature of Certificate Holder	Date of Signature



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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:	Pi	Phone Number:
Signatory E-Mail Address:		
Employment Start Date:		
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
I, as the company signatory for the licensed fire prothereby swear and attest that the listed applicant is an contractor and is working full time under our license 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.	n employee of this e alone while engaş I further understan	s fire protection sprinkler system aged in the fire protection sprinkler system nd this statement means any and all work
I verify that I am authorized by the licensed fire protestatement on their behalf and further hereby make me Protection Bureau and the Education, Enforcement, this candidate for certification and/or their employment.	nyself available to t and Analytics Sect	the Washington State Patrol Fire ction to answer any questions regarding
Printed Name of the Licensed Fire Protection Sprinkler System Con	ntractor's Signatory	Position with Company
Signature of Licensed Fire Protection Sprinkler System Control	actor 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	Printed name and	Date Signature was Witnessed d contact information of the notary public
- - -		
- -		
Seal of the Notary Public		

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FEE SUBMITTAL: TRANSFERRING A CERTIFICATION

Name of Applicant:	
Name of New Employer:	
Is This Part of an Initial Contractor Licensing Application?	Yes No
Annual Certification Fee	Total Cost of Transfer
ALREADY PAID	\$ 0.00

- 1) Complete the above portion of this form before submitting it with your transfer paperwork.
 - a. If submitted as part of an initial licensing application, be remarked as a transfer on their paperwork and include this paperwork in their application. The issuance of your certification will then become dependent upon their licensing process and timeline.
- 2) Include ALL forms marked "MUST RETURN AS PART OF THE APPLICATION." Unless otherwise instructed, partial or incomplete submissions – on any level – WILL NOT be accepted and may be discarded.
- 3) Unless otherwise noted or instructed, submit NO PAYMENT as this is merely an administrative action.
- 4) Within two to ten (2-10) working days of receiving certification transfer accepted as complete for issuance the new (replacement) certification under the license of your new licensed employer will be mailed to the address on file within this application.
 - a. If submitted as a part of an initial licensing application, be marked as a transfer on their licensing paperwork and include this paperwork in their application. The issuance of your certification will then become dependent upon their licensing process and timeline.
- 5) The new Specialty Certification Stamp Order Instructions will be provided with the newly issued certification, with the exception of:
 - a. OUALIFIED EXEMPT certifications.
 - b. Specialized Level ITT Certifications, otherwise known as Inspection and Testing Technicians