



FIRE PROTECTION BUREAU
EDUCATION, ENFORCEMENT, AND ANALYTICS SECTION
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 **Residential Level Fitter** with the state of Washington, you will need:

- 1) Evidence that you possess the experience necessary to qualify for the certification examination of not less than four thousand (4,000) hours of trade-related experience installing and/or repairing residential fire protection sprinkler systems.
- 2) Only experience in the installation and/or repair of sprinkler systems is acceptable, which is demonstrated by:
 - a) A single employer completing a single Verification of Hours Form confirming your experience.
 - b) Multiple employers each completing a Verification of Hours Form that combine to total the experience required.
 - c) A single Verification of Experience Form completed by a trade organization – such as a union.
 - d) Combinations of both verification forms and/or other methods are reviewed on a case-by-case basis, but all methods must successfully demonstrate the hours/experience required by law for the certification.
 - e) Only submit the Verification of Hours Form (from a contractor) and a Verification of Experience Form (from a Trade Organization) **if** you are submitting hours from both sources.

*(For the Verification of Hours, each form must represent contiguous hours of work by calendar year.
 Do not include breaks in service of greater than one year on any one form.)*

- 3) **You MUST include a copy of a valid government-issued photo identification that possesses a sample of your signature.**
- 4) **DO NOT SUBMIT** any fees with this application. Unless notified otherwise, there are no fees associated with this certification.
- 5) Please complete all sections of this application. Write “NOT APPLICABLE,” “DOES NOT APPLY,” or other clarifying statements.
- 6) Submit the completed application in its entirety to:

USPS
 Post Office Box 42642
 Olympia, WA 98504-2642

E-Mail
firesprinkler@wsp.wa.gov

Fax
 (360) 596-3934

- 7) Return all portions of this document marked “MUST RETURN.”
- 8) You must pass the certification examination in order to be certified and you will not be scheduled for the test until your application is approved.
- 9) After passing the test, a completed application can take between two (2) and ten (10) working days to process and issue.

RESIDENTIAL FITTER APPLICATION



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Date Received

INITIAL APPLICATION: RESIDENTIAL LEVEL SPRINKLER FITTER

This form is only for use by individuals who possesses the experience hours and knowledge necessary to install and/or repair residential fire protection sprinkler systems and operate as a trainee to commercial-level work.

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:	_____	<i>(or four unique digits of your choosing)</i>	
Company You Work For:	_____		
List any Previously Issued Certifications From our Office:	_____		
	(N/A if Not Applicable)		

Trade Organization Affiliation(s)		
Name of Organization	Position/Rank with Organization	Time Frame (in Years)

Statement of Compliance as a Residential Fitter

As an applicant for certification as a Residential Level Fire Sprinkler Fitter, I hereby make the following statements of compliance to the Washington State Patrol Fire Protection Bureau (WSP FPB):

- 1) I have read, understand, and will abide by [RCW 18.270](#) and its administrative rule set, [WAC 212-80](#).
- 2) I will follow all state-adopted and locally enacted standards and codes to the best of my ability.
- 3) I understand and accept that the WSP FPB will make information regarding my certification status available to the public to assist in ensuring compliance with state law and rule and release them from any liability for doing so.
- 4) I will only use my certification in connection to work I have personally performed or supervised and will not work above or outside the scope of the work identified by the certification(s) issued to me.
- 5) All information provided as a part of this application process and any supporting documentation are accurate and true.

Printed Name of Residential Fitter Applicant

Signature of Residential Fitter Applicant

Date of Signature

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VERIFICATION OF HOURS FOR A RESIDENTIAL FITTER

This form is to be completed only by a sprinkler contracting company that either currently employs or employed at one time the fitter applying for certification noted below. Hours from Washington State must be through a Licensed Fire Protection Sprinkler System Contractor and supervised by a fitter properly certified per RCW 18.270. Out-of-state employers verifying hours CAN do so without using an RCW 18.270 certified fitter.

Fitter Applicant Name:	_____		
Company Verifying Hours:	_____		
State Hours Are From:	_____	Position of Verifier:	_____
Name of Verifier:	_____	Contact Number:	_____
Verifier's 18.270 Certification Number (if applicable):	_____		
Hours Accrued From:	_____	Through:	_____

CLASSIFICATION OF HOURS BEING VERIFIED

Residential Hours	Commercial Hours*	Total Hours of Verified Experience

Signature of Verifier: _____

GUIDELINES FOR SPRINKLER CONTRACTORS COMPLETING THIS FORM

- 1) *Experience can only be for installation and/or repair of residential fire protection sprinkler systems.
- 2) Exact dates are not necessary but must be contiguous in nature. Do not include breaks in service of more than a year on any single form. Using the year alone is sufficient except when verifying a time frame from within a single year.
- 3) Exact hours being verified are required. Statements such as "10 years" or "Since 1991" will not be accepted.
- 4) To confirm as a verifier, one need simply have either employed or supervised the applicant while performing the work being verified for the time frame of accrual noted.
- 5) Hours accrued within Washington State after 2009 must be from a fire protection sprinkler system contractor licensed per RCW [18.160](#) and verified by a fitter properly certified per [RCW 18.270](#) for the time frame verified.
- 6) One employer. One verifier. One form. Only verify the hours you witnessed/supervised and, if necessary, more than one verifier can come from a single employer but the dates of accrual MUST differ.
- 7) The applicant may submit as many completed Verification of Hours Forms as are necessary to total the four thousand (4,000) hours of residential installation and/or repair experience required for certification.
- 8) Hours of experience from employers/verifiers who operate out of state will be accepted.

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VERIFICATION OF EXPERIENCE FOR A RESIDENTIAL FITTER

This form is to be completed only by a trade organization – such as a union – that is responsible for tracking and monitoring the hours accrued by their members while engaged in the sprinkler trade for fire protection sprinkler system contracting companies. By completing this form, you are confirming that the MAJORITY of the hours reported are solely from the installation and/or repair of fire protection sprinkler systems.

Fitter Applicant Name (your member):	_____
Name of Trade Organization:	_____
Name of Individual Verifying Hours:	_____
Position of Verifier:	Contact Number: _____

CLASSIFICATION OF EXPERIENCE BEING VERIFIED

Name of Sprinkler Contractor and State of Operation	Hours of Experience	Residential or Commercial*	Time Frame For Experience

Total Experience Verified (in hours):

Signature of Verifier: _____

GUIDELINES FOR TRADE ORGANIZATIONS COMPLETING THIS FORM

- 1) *Experience can only be for installation and/or repair of residential fire protection sprinkler systems.
- 2) Exact dates are not necessary when identifying the time frame. Using the year alone is sufficient except when verifying a time frame from within a single year. Then include at least the month.
- 3) Exact hours being verified are required. Statements such as “10 years” or “Since 1991” will not be accepted and please use a separate line to track residential and commercial experience, even if from the same employer.
- 4) To confirm as a verifier for a Trade Organization, one simply needs be legally allowed to sign for the Trade Organization with regards to hours tracked for their members.
- 5) Hours accrued within Washington State after 2009 must be from a fire protection sprinkler system contractor licensed per RCW [18.160](#) and overseen by a fitter properly certified per RCW [18.270](#) for the specified time frame.

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FEE SUBMITTAL: INITIAL RESIDENTIAL CERTIFICATION

Name of Applicant: _____		
Name of Employing Contractor: _____		
Initial Application Fee	Pro-Rated Certification Cycle Fee	Total Cost of Certification
\$ 0.00	+ \$ 0.00	= \$ 0.00

- 1) Complete this form by writing your name and employing contractor above.
- 2) Include all forms marked "MUST RETURN."
- 3) Do not submit any payment, as there are no costs involved in this certification program.
- 4) Once received and deemed complete, valid, and legal, you will be contacted to begin the examination scheduling process.
- 5) Upon passing the examination the certification can be turned around and in the mail in as little as two (2) days but may take up to ten (10) working days to process.