



FIRE PROTECTION BUREAU
EDUCATION, ENFORCEMENT, AND ANALYTICS SECTION
PO Box 42642
Olympia WA 98504-2642
(360) 596-3946 FAX: (360) 596-3934
E-Mail: firesprinkler@wsp.wa.gov



THIS PACKET IS ONLY FOR THOSE
SEEKING TO:

**REINSTATE LICENSING AS A FIRE
PROTECTION SPRINKLER SYSTEM
CONTRACTOR**

PER RCW 18.160 – THE FIRE SPRINKLER
SYSTEM CONTRACTORS LAW

YOU MUST INCLUDE THE APPROPRIATE COMPLETED
CERTIFICATE OF COMPETENCY HOLDER PAPERWORK FOR A
VALID SUBMISSION.

PLEASE READ ALL ASSOCIATED INSTRUCTIONS



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Please read all of these instructions carefully. Incomplete and/or illegible documentation may delay our ability to process an application and can result in immediate denial/rejection. ANY missing or incomplete information and/or refund we must process on your behalf must be completed BEFORE anything can be issued, which WILL delay the process.

To **reinstate a license as a Fire Protection Sprinkler System Contractor**, you must:

- 1) Be properly licensed with the Washington State Department of Labor and Industries as either a General Contractor or as a Fire Protection System Specialty Contractor. This will provide you with your *Complete Business Name* and how you will be licensed with this office and recognized within the state of Washington.
- 2) Have been instructed by the Washington State Patrol Fire Protection Bureau to complete this form. **If you have not been approved to use this form, it will be rejected.**
 - a. The three reasons this form would be approved and thereby accepted:
 - i. Missed Renewal: The renewal cycle has been closed.
 - ii. Previously Licensed: You have been unlicensed for less than two (2) program licensing years.
 - iii. Restoring a License: You have been unlicensed for more than two (2) program licensing years and must also include a completed initial application form along with this reinstatement form.
- 3) Your corporate structure and company name **MUST NOT** have changed significantly since your license expired. If this has happened, your existing paperwork may no longer be valid, requiring you to complete an application as a new company instead of a reinstatement.
- 4) Address the certified employee required for licensing by including the completed application, reinstatement, or transfer as appropriate/applicable for each such employee.

THIS EMPLOYEE IS CONDITIONAL FOR LICENSING AS A FIRE PROTECTION SPRINKLER SYSTEM CONTRACTING COMPANY PER [RCW 18.160.040 \(6\) \(a\)](#)

- 5) Ensure the third party licensing bond is currently active, reinstated, or replaced. If you need additional copies of these forms as a part of this reinstatement, consult the appropriate initial licensing application packet.

THIS CONTRACTOR LICENSING BOND IS CONDITIONAL FOR LICENSING AS A FIRE PROTECTION SPRINKLER SYSTEM CONTRACTING COMPANY PER [RCW 18.160.090](#)

- 6) Unless instructed otherwise, **DO NOT SUBMIT** any fees initially. You will be billed once the reinstatement application has been deemed complete, valid, and legal using the fee submittal form you will complete later on.
- 7) Leave **NOTHING** in this application blank. Use “NOT APPLICABLE,” “DOES NOT APPLY,” or other clarifying statements.
- 8) Print legibly, complete electronically, or have it typed. If it cannot be read, it **CAN BE REJECTED**.
- 9) Return **ALL** portions of this document marked “MUST RETURN AS PART OF THE APPLICATION.” Unless otherwise instructed, partial or incomplete submissions – on any level – **WILL** be discarded.
- 10) Submit the completed application in its entirety along with your certificate holder paperwork to:
Fire Protection Bureau Education, Enforcement, and Analytics Section at Post Office Box 42642 in Olympia, WA 98504-2642.
- 11) If your required Certificate of Competency Holder must successfully pass our examination as a part of the licensing reinstatement, that will have to be done **BEFORE** your licensing reinstatement can be processed.
- 12) A completed and otherwise legal to issue application can take between two (2) and ten (10) working days to process and issue, depending on the circumstances.

INCOMPLETE/ILLEGIBLE SUBMISSIONS WILL BE DELAYED OR SUMMARILY REJECTED

LICENSING REINSTATEMENT APPLICATION



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Date Received

REINSTATEMENT FORM: SPRINKLER CONTRACTOR LICENSING

***ONLY** for use by a previously licensed fire protection sprinkler system contractor seeking reinstatement outside their renewal cycle window AND who has been instructed by this office to do so.*

Licensing Level: Level 1 Level 2 Level 3 Level U Level I&T

Year of Expiration: _____ **Date Instructed to Use Form:** _____

| | |
|--|----------------|
| Washington State Specialty Contractor Number: | _____ |
| Complete Business Name: | _____ |
| Complete Mailing Address: | _____ _____ |
| Contact Name: | _____ |
| Position: | _____ |
| Phone Number: | _____ |
| FAX Number: | _____ |
| E-Mail Address: | _____ |

Answering YES to any of the following will require you also complete and include the full initial licensing application appropriate for the level of license you wish to reinstate.

- _____ Have any corporate officers or managing employees been charged or convicted of any criminal violations since your initial application or last reinstatement with this office?
- _____ Has your company been purchased by another company or the corporate structure changed significantly since your initial application or last reinstatement with this office?
- _____ Have you been unlicensed for greater than two (2) program licensing years?

I have included the following certification paperwork as necessary for the individual certificate holder(s) included with this reinstatement:

| Number of Reinstatements | Number of Transfers | Number of Initial Applications |
|--------------------------|---------------------|--------------------------------|
| | | |

We hereby seek the reinstatement of our fire protection sprinkler system contractor's license. It is understood that none of the expectations or conditions of licensing as a fire protection sprinkler system contractor has changed since the last renewal affirmation we signed or our initial licensing application – whichever is most recent. We still attest to knowledge and understanding of RCW 18.160 and WAC 212-80 and will obey them both by working within the scope of our license while engaged in the fire sprinkler trade.

Printed Name of Fire Sprinkler System Contractor Signatory

Position with Company

Signature of Fire Sprinkler System Contractor Signatory

Date of Signature, Consent, and Application

LICENSING REINSTATEMENT APPLICATION



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FEE SUBMITTAL: LICENSING REINSTATEMENT

| | |
|--|-----------------------------------|
| Name of Contractor: | _____ |
| Number of Initial Certificate of Competency Applications: | _____ (annual fees vary) |
| Name(s) of Included Application(s): | _____ _____ |
| Number of Certificate of Competency Transfers: | _____ (annual fees not pro-rated) |
| Name(s) of Included Transfer(s): | _____ _____ |
| Number of Certificate of Competency Reinstatements: | _____ (annual fees not pro-rated) |
| Name(s) of Included Reinstatement(s): | _____ _____ |

- 1) Complete the above portion of this form and submit it with your other paperwork. Unless otherwise instructed, DO NOT include any fees initially.
- 2) Once the applications are approved, 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.
- 3) You may potentially be offered two choices for your reinstatement. Provided there is an initial application for certification included in this process, each choice will note the month, pro-rated cost, and submission deadline to initiate that month. Otherwise, as reinstatements and transfers are fixed costs, you will be given one option and a single due date for reinstatement of both the license and certification(s). Applications pending after the deadline in Quote 2 will be rejected.
- 4) Checks are written to the Washington State Patrol Fire Protection Bureau (WSP FPB).
- 5) You **MUST** return this form with your payment. Failure to do or submitting a partial or incomplete payment will result in your payment being rejected.

LICENSING REINSTATEMENT APPLICATION

| <u>Quote 1 (Target)</u> | | <u>Quote 2 (No Later Than)</u> | |
|---|----------------------|--|----------------------|
| Month: | <input type="text"/> | Month: | <input type="text"/> |
| Licensing Fees: | <input type="text"/> | Licensing Fees: | <input type="text"/> |
| Certification Fees: | <input type="text"/> | Certification Fees: | <input type="text"/> |
| Amount Due: | <input type="text"/> | Amount Due: | <input type="text"/> |
| Due Date: | <input type="text"/> | Due Date: | <input type="text"/> |
| _____ Printed Name of WSP FPB Staff Member | | _____ Signature of WSP FPB Staff Member | |
| | | _____ Date of Signature | |