



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 **Fire Sprinkler Fitter Trainee** with the state of Washington, you will need to:

- 1) Work for a currently licensed fire protection sprinkler system contracting company per [Revised Code of Washington \(RCW\) 18.160](#).
- 2) Be prepared to work only under the supervision of a sprinkler fitter properly certified per [RCW 18.270](#). For residential installation and/or repair work, this could be either a Residential or Journey Level Fitter. For commercial installation and/or repair work, this can only be a Journey Level Fitter. Union affiliation and/or plumbing licensing have no bearing on certification and cannot act in lieu of any supervisory or employment requirements.
- 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. Until notified otherwise, there is currently no cost associated with certification as a fitter trainee.
- 5) Please complete all sections of this application. Use "NOT APPLICABLE," "DOES NOT APPLY," or other similar mark as necessary. You are fully responsible for accurately recording your employer's full (licensing) name.
- 6) Return all portions of this document marked "MUST RETURN."
- 7) E-mail, fax or mail 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

- 8) A correctly completed application can take approximately two (2) to ten (10) working days to process and be in the mail.

SPRINKLER FITTER TRAINEE APPLICATION



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Date Received

INITIAL APPLICATION: SPRINKLER FITTER TRAINEE

This form is only for use by individuals seeking to perform installation and/or repair of fire protection sprinkler systems who do not qualify as either a Residential or Journey Fitter.

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: _____ (or four unique digits of your choosing)

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)

Compliance as a Fitter Trainee

As an applicant for certification as a Fire Sprinkler Fitter Trainee, 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 relevant 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, only work while supervised by a certified sprinkler fitter, and only for a fire protection sprinkler system contractor licensed properly per [RCW 18.160](#).
- 5) I will not perform any work in the fire sprinkler trade above the level of my supervising fitter at any time.
- 6) All information provided as a part of this application process and any supporting documentation are accurate and true.

Printed Name of Fitter Trainee Applicant

Signature of Fitter Trainee Applicant

Date of Signature



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VERIFICATION OF EMPLOYMENT FOR A FITTER TRAINEE

Name of Applicant/Employee:	_____
Name of Employing Licensed Contractor:	_____
Company Signatory:	_____
Signatory E-Mail Address:	_____
Phone Number:	_____
<input type="checkbox"/> SELF-VERIFICATION: Check box ONLY if the Applicant/Employee and Company Signatory are the same person AND no one else can verify employment with this company.	

The above-referenced sprinkler contracting company is currently licensed as a Fire Protection Sprinkler System Contractor, legal to perform sprinkler system installation and/or repair work, and will only employ this applicant in the sprinkler trade as a fitter trainee unless he/she possesses other certifications as noted by his/her certification number and evidenced by the additional card.

While working in the fire sprinkler trade as a fitter trainee, they must at all times be under the supervision of a properly certified sprinkler fitter as prescribed by [RCW 18.270](#). A Journey Level Fitter can supervise any level of work while a Residential Level Fitter can only supervise residential sprinkler system installation and/or repair and the applicant for a fitter trainee will be supervised accordingly.

I, as the company signatory for the licensed fire protection sprinkler system contracting company identified above, do hereby swear and attest that the applicant listed is an employee of this fire protection sprinkler system contracting company.

I further state that I am authorized by the licensed fire protection sprinkler system contracting company to make this statement on their behalf and hereby make myself available to the Washington State Patrol Fire Protection Bureau to answer any questions regarding this candidate for certification and/or their employment status with our company.

SPRINKLER FITTER TRAINEE APPLICATION

<i>Printed Name of the Licensed Fire Protection Sprinkler System Contractor's Signatory</i>	<i>Position of Signatory with the Company</i>
<i>Signature of Licensed Fire Protection Sprinkler System Contractor Signatory</i>	<i>Date of Signature, Consent, and Application</i>



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FEE SUBMITTAL: INITIAL FITTER TRAINEE 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 full name and employing contractor above.
- 2) Include all forms marked MUST RETURN.
- 3) Do not submit any fees, as there are no costs involved in this certification program at this time.
- 4) A correctly completed application can take approximately two (2) to ten (10) working days to process and be in the mail.

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