



RESIDENTIAL LEVEL FITTER CERTIFICATION 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 **Residential Level Fitter** with the state of Washington you must to:

- 1) Evidence possessing the required trade related experience in residential fire protection sprinkler fitting of not less than four thousand (4,000) hours installing, maintaining, and repairing residential fire protection sprinkler systems.
- 2) Only experience in the installation, maintenance, and repair of residential fire protection sprinkler systems is acceptable, which is demonstrated by:
 - a. A single employer completing a single Verification of Hours Form (part of this packet) confirming your experience.
 - b. Multiple employers each completing a single Verification of Hours Form that when combined total the experience required as described above.
 - c. A single Verification of Experience Form (part of this packet) completed by a trade organization – such as a union – confirming your experience.
 - d. Combinations of Verification of Hours and Verification of Experience as necessary to total the hours of experience as described above.

After 2009, hours accrued within the state of Washington will only be accepted if accrued as a Trainee Level Fitter certified by this office per RCW 18.70 AND while working under the direct supervision of a properly certified fitter.

- 3) **You MUST include a copy of a valid government-issued photo identification that possesses a representative sample of your signature.**
- 4) DO NOT INCLUDE any fees with this application. Once your application has been accepted and your certification approved for issuance, you will be billed for the amount due using the fee submittal form you will complete as part of this application.
- 5) Complete all sections of this application. Write “NOT APPLICABLE”, “DOES NOT APPLY”, or other clarifying statements as needed.
- 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

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

E-Mail (Preferred)

firesprinkler@wsp.wa.gov

- 7) You must pass the certification examination in order to be certified as a Residential Level Fitter. You will not be scheduled for the test until your application is approved.
- 8) Within two (2) to ten (10) working days of passing the test, 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 in order to be accepted and the certification issued.
- 9) Certifications are only issued/valid upon receipt of the payment and are mailed out to the address provided in this application within two (2) to ten (10) working days of receiving payment.

RESIDENTIAL FITTER APPLICATION



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



Date Received

INITIAL APPLICATION: RESIDENTIAL LEVEL SPRINKLER FITTER

This form is only for use by individuals who possess the hours of experience and knowledge necessary to install, maintain, and repair residential fire protection sprinkler systems.

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 and State of Organization	Position with Organization	Time Frame In Calendar 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 212-90](#).
- 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 fire sprinkler contracting company who either currently employs or at one time employed the individual applying for fitter certification noted below. Hours accrued from Washington State can only be accrued when employed as a Trainee Level Fitter by a Fire Protection Sprinkler System Contractor licensed per RCW 18.160. Hours accrued from out of state need only be from a company engaged in the fire protection sprinkler system trade.

GUIDELINES FOR SPRINKLER CONTRACTORS COMPLETING THIS FORM

- 1) Experience can only be for installation, maintenance, and repair of residential fire protection sprinkler systems.
- 2) The hours accrued must be contiguous in nature and include the calendar month and year for both the starting and ending time. Breaks in service must be recorded on separate forms even if from the same company and/or verifier.
- 3) Exact hours being verified are required. Statements such as "10 years" or "Since 1991" will not be accepted.
- 4) To confirm hours accrued from within the state of Washington (after 2009) the applicant must be certified as a Trainee Level Fitter and supervised by a properly certified fitter while both are working for a Licensed Fire Protection Sprinkler System Contractor.
 - a. After 2009, any hours worked within the state of Washington without FIRST being certified as a Trainee Level Fitter **WILL NOT** be accepted.
- 5) To confirm hours accrued from out of state (or before 2009) one needs to have either employed or supervised the applicant while engaged in the residential sprinkler fitter trade and working for a fire protection sprinkler company.
- 6) One verifier. One form. A single verifier may only attest to the hours they personally witnessed/supervised. A single employer may submit multiple forms from different supervisors/verifiers.
- 7) Please **DO NOT** verify the same hours as a fire protection sprinkler system company that have already been verified by a trade organization.
- 8) Incomplete forms will not be processed.

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: _____

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VERIFICATION OF EXPERIENCE FOR A RESIDENTIAL FITTER

This form is only to be completed 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 residential fire sprinkler trade when working for a fire protection sprinkler contracting company. Hours accrued from Washington State can only be accrued when employed as a Trainee Level Fitter by a Fire Protection Sprinkler System Contractor licensed per RCW 18.160. Hours accrued from out of state need only be from a company engaged in the fire protection sprinkler system trade. By completing this form, you are confirming that the MAJORITY of the hours reported are solely from the installation, maintenance, and repair of residential fire protection sprinkler systems.

GUIDELINES FOR TRADE ORGANIZATIONS COMPLETING THIS FORM

- 1) Experience can only be for the installation, maintenance, and repair of fire protection sprinkler systems.
- 2) The hours recorded on each line must be contiguous in nature and include the calendar month and year for both the beginning and ending of the recorded Time Frame.
- 3) Exact hours being verified are required. Statements such as “10 years” or “Since 1991” will not be accepted.
- 4) To confirm hours accrued for a Trade Organization, one needs to be legally allowed to sign for the Trade Organization with regards to hours tracked for their members.
- 5) For all hours accrued within the state of Washington (after 2009) the applicant must be certified as a Trainee Level Fitter and supervised by a properly certified fitter while both are working for a Licensed Fire Protection Sprinkler System Contractor.
 - a. After 2009, any hours worked within the state of Washington without FIRST being certified as a Trainee Level Fitter **WILL NOT** be accepted.
- 6) Please **DO NOT** verify the same hours as a trade organization that have already been verified by a fire protection sprinkler system company.
- 7) Incomplete forms will not be processed.

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	State of Operation	Hours of Experience	Residential or Commercial	Time Frame In Calendar Years

Total Experience Verified (in hours):

Signature of Verifier: _____

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 Olympia WA 98504-2642
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Date Received

FEE SUBMITTAL: INITIAL RESIDENTIAL LEVEL FITTER

APPLICANT DETAILS:

Name of Certification Applicant: _____

Employing Contractor: _____

INSTRUCTIONS:

- 1) Complete the above portion of this form and submit it with your application with no money.
- 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) Once this application is received, accepted, and approved for issuance, this form is completed (below) by this office and returned to you for payment.
 - a. If an examination is required, it must be successfully passed BEFORE the application will be approved for issuance.
- 4) Payment must be submitted physically by check or money order.
 - a. All fees are detailed in the Fee Schedule (form number 3000-040-065) and WAC 212-90.
 - b. The biennial cycle fees are \$ 200.00 and may include application or other additional fees.
 - c. DO NOT send any monies until this form is completed below by the WSP FPB.
- 5) Checks and Money Orders are to be written out to the Washington State Patrol Fire Protection Bureau (**WSP FPB**).
- 6) Your payment MUST be submitted to this office with this form and received ON OR BEFORE the due date listed below. Failure to do so or submitting a partial or incomplete payment will result in your payment being rejected.

FOR WSP USE ONLY

Current Biennial Certification Cycle: _____

Application Fee: _____

Biennial Cycle Fee: _____

Total Due: _____

Due Date: _____

*Submit the **Total Due** by Check or Money Order WITH THIS FORM on or before the **Due Date** to:*

WSP FPB EEA
 Post Office Box 42642
 Olympia, WA 98504-2642

Printed Name of WSP FPB Staff Member

Signature of WSP FPB Staff Member

Date of Signature

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