



## CERTIFICATE OF COMPETENCY REINSTATEMENT

Read ALL instructions below carefully. Incomplete, illegible, or missing information will delay processing and/or may result in rejection without further review. To **reinstate a Certificate of Competency Certification** with the state of Washington you must:

- 1) Work for a currently licensed Fire Protection Sprinkler System Contractor at a level legal to employ the certification you wish to reinstate. The following lists which certification levels can work for which levels of licensed contractor
  - a. A Level 1 Fire Protection Sprinkler System Contractor may employ Level 1 Certificate of Competency Holders.
  - b. A Level 2 Fire Protection Sprinkler System Contractor may employ Certificate of Competency Holders of Levels 1 and 2 and the Specialized Levels of ITT and U.
  - c. A Level 3 Fire Protection Sprinkler System Contractor may employ Certificate of Competency Holders of any level.
  - d. A Specialized Level U Fire Protection Sprinkler System Contractor may only employ Specialized Level U Certificate of Competency Holders.
  - e. A Specialized Level I&T Fire Protection Sprinkler System Contractor may only employ Specialized Level ITT Certificate of Competency Holders, otherwise known as Inspection and Testing Technicians.
- 2) Have contacted the Washington State Fire Marshal's Office and been instructed and approved 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 are:
    - i. Missed Renewal: The annual renewal cycle has closed.
    - ii. Previously Certified: You have been uncertified for less than two (2) calendar years.
    - iii. Instructed: You have been instructed by this office to specifically complete this form.
- 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.
  - a. A Late/Reinstatement Fee of \$ 100.00 may be assessed after one hundred and twenty (120) days of expiration.
- 5) Complete all sections of this application. Write "NOT APPLICABLE", "DOES NOT APPLY", or other clarifying statements as needed. Blank entries may constitute an incomplete response.
  - a. You are responsible for accurately recording your employer's full licensing name.
- 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](mailto:firesprinkler@wsp.wa.gov)

- 7) Within two (2) to ten (10) working days of approval you will be provided the completed fee submittal form with the amount due and the date by which it must be received. Your payment must be received by this due date with the completed fee submittal form in order to be accepted and the certification issued.
- 8) 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.



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



Date Received

## REINSTATEMENT FORM: CERTIFICATE OF COMPETENCY

**ONLY** for use by a previously certified Certificate of Competency Holder seeking reinstatement who has been instructed to do so by this office. ALL others will be rejected.

Certification Level:  Level 1  Level 2  Level 3  Level U  Level ITT

Year of Expiration: \_\_\_\_\_ Date Permitted to Use Form: \_\_\_\_\_

<b>Complete Name of Certificate Holder:</b>	_____
<b>Certification Number:</b>	_____ (as issued by this office)
<b>Complete Mailing Address:</b>	_____ _____
<b>Phone Number:</b>	_____ <b>FAX Number:</b> _____
<b>E-Mail Address:</b>	_____
<b>Licensed Contractor You Work For:</b>	_____
<b>(Specialty) Contractor Number:</b>	_____ (as issued by L&I)

After expiration, I was arrested, charged, and/or convicted of any criminal violation:

Yes (complete below - **required**)  No (move to next question)

Year	Charge	Disposition

CERTIFICATE OF COMPETENCY REINSTATEMENT

*RCW 18.160.080 makes felony conviction a potential hindrance to certification. However, each application will be evaluated individually without bias.*

### NATURE OF CERTIFICATION

- Currently Licensed Contractor:** I am applying to reinstate my certification under the license of a Fire Protection Sprinkler System Contractor already currently licensed per RCW 18.160, as noted by their full licensing name above.
- Contractor Applying for Licensing:** This reinstatement will be included as a part of an application/reinstatement packet for a Fire Protection Sprinkler System Contractor license and I have been remarked on their fee submittal form.

\_\_\_\_\_  
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

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

I, as the company signatory for the licensed fire protection sprinkler system contractor identified above, do hereby swear and attest that the listed applicant is an employee of this fire protection sprinkler system contractor and is working full time under our license alone while engaged in the fire protection sprinkler system trade regulated by [RCW 18.160](#) and [WAC 212-80](#). I further understand this statement means any and all work performed by this individual will be done under my license and remain as such until their certificate, stamp, and certification record no longer bears our name.

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

**CERTIFICATE OF COMPETENCY REINSTATEMENT**

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

Subscribed and sworn before me this the \_\_\_\_\_ day of \_\_\_\_\_ of the calendar  
date full month  
 year \_\_\_\_\_ in the city and county of \_\_\_\_\_ .  
four digit year city, county

<i>Signature of Notary Public</i>	<i>Date Signature was Witnessed</i>
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Printed name and contact information of the notary public

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Seal of the Notary Public



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## FEE SUBMITTAL: CERTIFICATION REINSTATEMENT

### APPLICANT DETAILS:

Name of Certification Applicant: \_\_\_\_\_

Employing Contractor: \_\_\_\_\_

### INSTRUCTIONS:

- 1) Complete the above portion of this form and submit it with your paperwork. Unless otherwise noted, DO NOT include any fees with your initial submission.
  - a. When submitting as part of a licensing application be certain you are noted on their fee submittal form correctly and have your application included in their licensing submission.
- 2) Once approved for reinstatement, this form is returned to you with the amount due calculated by our office. This document is NOT valid unless it is signed by an employee of the Fire Protection Bureau.
  - a. When this is part of a licensing application/reinstatement, only the Fee Submittal Form for the licensed contractor will be completed. Your reinstatement costs will be included on their form.
- 3) The annual certification fees are not pro-rated for reinstatements. If the certification has been expired for more than one hundred twenty (120) days a late/reinstatement fee may be charged in addition to any other costs for certification.
- 4) Payment must be submitted physically by check or money order.
- 5) Checks/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 Certification Cycle: \_\_\_\_\_

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

Annual Cycle Fee: \_\_\_\_\_

Reinstatement Fee: \_\_\_\_\_

Total Due: \_\_\_\_\_

Due Date: \_\_\_\_\_

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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