



## LEVEL 2 CERTIFICATE OF COMPETENCY 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 **Level 2 Certificate of Competency Holder** you must:

- 1) Work for a licensed fire protection sprinkler system contractor. If currently licensed, they can be licensed as either Levels 2 or 3. If you are the only certification holder being included with their licensing application, they can **ONLY** be applying for licensing as a Level 2 Fire Protection Sprinkler System Contractor.
- 2) Qualify for certification. This is accomplished by meeting one of the following conditions:
  - a. Provide a copy of your certification through the National Institute for Certification in Engineering Technologies (NICET) of at least Level II in Water-Based Systems Layout Technician.
  - b. Provide a copy of your license and/or seal as a currently licensed Washington State Professional Engineer.
- 3) **You MUST include a copy of a government-issued photo identification that possesses a representative sample of your signature.**
- 4) Unless otherwise instructed, **DO NOT SUBMIT** any fees initially. Once the application has been accepted as complete you will be billed using the Fee Submittal Form you will complete as part of this application.

*With regards to the certification costs, there is an initial application fee of \$ 100.00 and an annual certification fee pro-rated from \$ 100.00. This pro-ration is based upon the month of your initial certification and does not include the cost of your employer's licensing (if necessary). More information on these fees can be found in Form Number 3000-420-065 – The Sprinkler Licensing and Certification Program Fee Schedule.*

- 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 application.
- 6) Return all portions of this completed application marked “MUST RETURN AS PART OF THE APPLICATION” at the bottom right of the page along with all applicable qualification documentation 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 to ten (2-10) working days of this paperwork being accepted as complete, 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. If submitted as part of a licensing application, your fees will be included on their Fee Submittal Form which must be paid for either to be issued.
- 8) Once the payment as described above is received, the document(s) will be mailed out to the physical mailing address as provided in the application paperwork within two to ten (2-10) working days.

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**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: LEVEL 2 CERTIFICATION

*This form is only for use by a first time applicant seeking individual certification as a Level 2 Certificate of Competency Holder, limited to design for residential structures up to and including those four stories in height as defined by, referenced by, or otherwise compliant with NFPA 13 – D and NFPA 13 – R, including the underground fire service main for such systems.*

**Date of submission:** \_\_\_\_\_

<b>Applicant Full Name:</b>	_____		
<b>Mailing Address:</b>	_____		
	Street Address or PO Box		
	_____	_____	_____
	City	State	ZIP Code
<b>Phone Number:</b>	_____	<b>FAX Number:</b>	_____
<b>E-Mail Address:</b>	_____		
<b>Last Four Digits of Social Security Number:</b>	_____	<i>(or four unique digits of your choosing)</i>	
<b>Licensed Contractor You Work For:</b>	_____		
<b>List ANY AND ALL Currently or Previously Certifications Issued By This Office, Including Your Certification Number:</b>			
_____			
(N/A if Not Applicable)			

I have performed work of a similar nature to this certification before:

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

Years	Company	City/State	Position

In my past I have been arrested, charged, and/or convicted of criminal and/or civil violations:

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

Year	Charge	Disposition

*RCW 18.160.080 makes felony conviction a potential hindrance to certification, with arson and fraud of particular concern. However, each application will be evaluated individually without bias.*

### NATURE OF CERTIFICATION

- Currently Licensed Employer:** I am applying for certification under the current license of a Level 2 or 3 Fire Protection Sprinkler System Contractor.
- Employer Applying for Licensing:** I am included in an application for the initial or reinstatement of a Level 2 Fire Protection Sprinkler System Contractor's License and am listed on their Fee Submittal Form.

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# AFFIDAVIT OF COMPLIANCE FOR CERTIFICATION

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

As an applicant for certification as a Level 2 Fire Protection Sprinkler System Certificate of Competency Holder in accordance with Revised Code of Washington (RCW) 18.160 and Washington Administrative Code (WAC) 212-80, I hereby make the following statements of compliance to the Washington State Patrol Fire Protection Bureau in seeking this certification:

- 1) I have read, understand, and will abide by RCW 18.160 and its administrative rule set, WAC 212-80.
- 2) While engaged in the fire protection sprinkler system trade, 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 Washington State Patrol will make information regarding my certification status available to the public to assist in ensuring compliance with state law and rule.
- 4) I will only use my certification in connection to work I have either personally performed or supervised.
- 5) I will not work above the level of my certification or outside the scope of my employer's contracting license.
- 6) Any and all information herein provided to the Washington State Fire Marshal's Office and the Education, Enforcement, and Analytics Section in this application and any supporting documentation is accurate and true. I have filled this application out completely, withheld nothing, and understand and accept that any incomplete and/or illegible applications can be summarily rejected.
- 7) I hereby release the Washington State Patrol Fire Protection Bureau and its employees from any liability or damage that may result from providing the information included in this application to any other regulatory or enforcement organization on the federal, state, and/or local level.

\_\_\_\_\_  
*Printed Name of the Certificate of Competency Applicant*

\_\_\_\_\_  
*Position with Company*

\_\_\_\_\_  
*Signature of Certificate of Competency Applicant*

\_\_\_\_\_  
*Date of Signature, Consent, and Application*

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

\_\_\_\_\_  
*Signature of Notary Public*

\_\_\_\_\_  
*Date Signature was Witnessed*

Printed name and contact information of the notary public

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Seal of the Notary Public

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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>Phone Number:</b>	_____
<b>Employment State Date:</b>	_____		
<b>Signatory E-Mail Address:</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 Education, Enforcement, and Analytics Section to answer any questions regarding this candidate for certification and/or their employment status with our company.

\_\_\_\_\_  
*Printed Name of the Licensed Fire Protection Sprinkler System Contractor's Signatory*

\_\_\_\_\_  
*Position with Company of Signatory*

\_\_\_\_\_  
*Signature of Licensed Fire Protection Sprinkler System Contractor Signatory*

\_\_\_\_\_  
*Date of Signature, Consent, and Application*

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

\_\_\_\_\_  
*Signature of Notary Public*

\_\_\_\_\_  
*Date Signature was Witnessed*

Printed name and contact information of the notary public

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Seal of the Notary Public

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## FEE SUBMITTAL: INITIAL LEVEL 2 CERTIFICATION

<b>Name of Certification Applicant:</b>	_____
<b>Employer:</b>	_____
<b>Employer Status:</b>	<input type="checkbox"/> Currently Licensed – Submitting application alone. <input type="checkbox"/> Becoming Licensed – Submitting together and I am noted on their fee submittal form.

- 1) Complete the above portion of this form and submit it as part of your/the application. 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 and have your application included in their licensing packet.
- 2) Once approved for certification, 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.
  - a. When a part of a licensing application, only the Licensing and Certification Fee Submittal Form is returned to the contractor and your fees will be noted therein.
- 3) Based upon the application's completion date and projected processing times, we try to offer two options for your initial month of certification. Each quote is for the remainder of the year, as set by month, and has a payment due date.
  - a. When combined with a licensing application, you and your employer must agree on the Quote, as the license and certification are issued together.

*(Payments must be received by the chosen Quote's due date to begin certification for that month and any applications pending after the due date noted in Quote 2 will be rejected.)*

- 4) Checks are written out to the Washington State Patrol Fire Protection Bureau (WSP FPB).
- 5) This Fee Submittal Form **must** be returned with your payment. Failure to do so or submitting a partial or incomplete payment will result in your payment being rejected.
- 6) When included with a licensing application, only the licensing and certification fee submittal form will be used.

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

The following Level 2 Certification Pro-Ration Chart is ONLY provided for your information.

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
\$92	\$83	\$75	\$67	\$58	\$50	\$42	\$33	\$25	\$17	\$8

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