



CONTRACTOR LICENSING REINSTATEMENT APPLICATION

Read ALL instructions below carefully. Incomplete, illegible, or missing information will delay processing and may result in rejection. To apply for the reinstatement 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 a contracting company legal to engage in this type of business. They will provide you with your *Complete Business Name* and contractor number which is how you will be licensed by 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 (3) reasons this form would be approved and thereby accepted:
 - i. Missed Renewal: The annual renewal cycle has closed.
 - ii. Previously Licensed: You have been unlicensed for less than two (2) program licensing years.
 - iii. Instructed By This Office: Your situation can best be addressed with this form/process.
- 3) Your corporate structure and company name **MUST NOT** have changed since your license expired. Licenses are non-transferrable so your existing licensing record may no longer be accessible requiring a new license application.
- 4) Accurately address the certification status for each of your employee(s). Whether a transfer, initial application, or reinstatement you **MUST** identify each individual on this document and include their completed certification paperwork.

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 with this office is currently active. Should you need to replace your bond or assignment of deposit please consult the initial application for your level of licensing to find those forms.

THIS CONTRACTOR LICENSING BOND IS CONDITIONAL FOR LICENSING AS A FIRE PROTECTION SPRINKLER SYSTEM CONTRACTING COMPANY PER RCW 18.160.090

- 6) Unless otherwise instructed, **DO NOT SUBMIT** any fees initially. You will be billed once this reinstatement application has been reviewed and accepted as complete for issuance using the Fee Submittal Form you will complete as part of this reinstatement application.
- 7) 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.
- 8) 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 relevant certification and surety paperwork 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

- 9) Should any of your included employees need to successfully pass a certification examination the licensing reinstatement will not be considered complete until they have done so.
- 10) 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. Once received, the license and associated certification(s) will be mailed to the company within two to ten (2-10) working days.

LICENSING REINSTATEMENT 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

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 number of employee applications – by type – as necessary for the individual certificate holder(s) I employ to be included with this licensing 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

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FEE SUBMITTAL: LICENSING REINSTATEMENT

Name of Contractor: _____		
EMPLOYEE DETAILS (Certificate of Competency)		
<i>Each individual employee can only be listed below once</i>		
<u>Initial Applications</u>	<u>Transfer Applications</u>	<u>Reinstatement Applications</u>
Number Included: _____ <i>(Fees Vary)</i>	Number Included: _____ <i>(Fees Paid)</i>	Number Included: _____ <i>(Fees Not Pro-Rated)</i>
<u>Name of Initial Applicant(s)</u>	<u>Name of Employee(s) to Transfer</u>	<u>Name of Person(s) to Reinstate</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 1) Complete the top of this form and submit it with the application for your company and each certificate holder. Unless otherwise instructed, DO NOT include any fees with your initial submission.
- 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) If there are initial certification applications included with this submission you may potentially be offered two (2) choices for your reinstatement. Otherwise, as reinstatements and transfers are a fixed cost, you will be given a single option with a single due date for reinstating both the license and the included certification(s). Applications for reinstatement pending payment after the due date in Quote 2 will be rejected.
- 4) Checks and money orders are written out to the Washington State Patrol Fire Protection Bureau (WSP FPB).
- 5) A 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.

LICENSING REINSTATEMENT APPLICATION

FOR WSP USE ONLY		
<u>Quote 1 (Target)</u>		<u>Quote 2 (No Later Than)</u>
Month: <input style="width: 100%;" type="text"/>		Month: <input style="width: 100%;" type="text"/>
Licensing Fees: <input style="width: 100%;" type="text"/>		Licensing Fees: <input style="width: 100%;" type="text"/>
Certification Fees: <input style="width: 100%;" type="text"/>	(# of COC's)	Certification Fees: <input style="width: 100%;" type="text"/>
Amount Due: <input style="width: 100%;" type="text"/>		Amount Due: <input style="width: 100%;" type="text"/>
Due Date: <input style="width: 100%;" type="text"/>		Due Date: <input style="width: 100%;" type="text"/>
_____ <i>Printed Name of WSP FPB Staff Member</i>	_____ <i>Signature of WSP FPB Staff Member</i>	_____ <i>Date of Signature</i>