



LEVEL ITT 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 **Specialized Level 3 Certificate of Competency Holder, otherwise known as an Inspection and Testing Technician**, you must:

- 1) Work for a licensed fire protection sprinkler system contractor who can employ you. For an Inspection and Testing Technician, this would be Levels 2, 3, and I&T. Please note the scope of work and systems you can work on are limited to the license of your employing 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 Inspection, Testing, and Maintenance of Water-Based Fire Protection Sprinkler Systems.
 - b. Provide a copy of your 15010 Field Technician Certification through the American Society of Safety Engineers (ASSE).
- 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

- 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.

INSPECTION AND TESTING TECHNICIAN CERTIFICATION 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: SPECIALIZED LEVEL ITT CERTIFICATION

This form is only for use by a first-time applicant seeking specialized certification as a Level ITT Certificate of Competency Holder (Inspection and Testing Technician) to perform inspection and testing of wet and dry pipe fire sprinkler systems per NFPA 25 as limited by their employer's licensing level.

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)

Licensed Contractor You Work For: _____

List ANY AND ALL Currently or Previously Certifications Issued By This Office, Including Your Certification Number:

(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 Fire Protection Sprinkler System Contractor.
- Employer Applying for Licensing:** I am included in an application for the initial or reinstatement of a Specialized Level I&T 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 Specialized Certification as a Level ITT Certificate of Competency Holder, also known as an Inspection and Testing Technician, 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 personally performed and will not work above the level of my certification or outside the scope of my employer's contracting license.
- 5) 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 are 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.
- 6) 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

Name of Applicant/Employee:	_____		
Name of Employing Licensed Contractor:	_____		
Company Signatory Name:	_____	Phone Number:	_____
Signatory E-Mail Address:	_____		
Employment Start Date:	_____		
<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.		

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 SPECIALIZED LEVEL ITT CERTIFICATION

Name of Certification Applicant:	_____
Employer:	_____
Employer Status:	<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 costs will be noted on their form.
- 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 choice, 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 still 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:	<input type="text"/>	Month:	<input type="text"/>
Amount Due:	<input type="text"/>	Amount Due:	<input type="text"/>
Due Date:	<input type="text"/>	Due Date:	<input type="text"/>
_____ Printed Name of WSP FPB Staff Member		_____ Signature of WSP FPB Staff Member	
		_____ Date of Signature	

The following Level ITT 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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