



QUALIFIED EXEMPT 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 **QUALIFIED EXEMPT Certificate of Competency Holder** you must:

- 1) Work for anyone NOT licensed as a Fire Protection Sprinkler System Contractor and who does not meet any permutation of the term “contracting for fire protection sprinkler system work”. You yourself must also meet this condition.
- 2) Include a letter detailing how you are exempt from the licensing and certification law, Revised Code of Washington (RCW) 18.160 or its administrative rule set, Washington Administrative Code (WAC) 212-80.

(Please note the exemptions listed in both law and rule are demonstrative and not meant to be all inclusive.)
- 3) **You MUST include a copy of a government-issued photo identification that possesses a representative sample of your signature.**
- 4) Provide evidence of qualifying for the certification you wish to receive from this office. This evidence is based upon the level of certification desired and is detailed in their respective applications and WAC 212-80.
- 5) Unless otherwise instructed, **DO NOT SUBMIT** any fees initially. Once you have passed the examination (if necessary) and 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. More information on these fees can be found in Form Number 3000-420-065 – The Sprinkler Licensing and Certification Program Fee Schedule.

- 6) 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.
- 7) 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

- 8) 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.
- 9) 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.

QUALIFIED EXEMPT CERTIFICATE OF COMPETENCY 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: QUALIFIED EXEMPT CERTIFICATION

This form is only for use by an individual who would normally require certification as a Certificate of Competency Holder as defined by RCW 18.160 and WAC 212-80 but is considered exempt from complying with either.

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

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>	
Exempt Employer You Work For:	_____		
List any Previously Issued Certifications From our Office:	_____		
	(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.

As an applicant for a QUALIFIED EXEMPT certification I hereby swear and attest to be considered exempt from both RCW 18.160 and WAC 212-80 through language and/or intent. I am neither directly nor indirectly employed by nor otherwise engaged in the sprinkler industry or trade and will only utilize this certification while being truly exempt. This certification is required of me by obligations outside RCW 18.160 or WAC 212-80.

 Printed Name of QUALIFIED EXEMPT Applicant

 Signature of QUALIFIED EXEMPT Applicant

 Date of Signature

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QUALIFIED EXEMPT AFFIDAVIT OF COMPLIANCE

Name of Certification Applicant: _____

As an applicant for certification as a QUALIFIED EXEMPT 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, by neither working as a fire protection sprinkler system contractor nor working for one while holding a QUALIFIED EXEMPT certification.
- 2) I meet the criteria necessary to be exempt from RCW 18.160 and/or WAC 212-80 – whether by language or by intent.
- 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 understand my QUALIFIED EXEMPT certification status is granted only within the scope of the certification level it is issued at.
- 5) Any and all information herein provided to the Washington State Fire Marshal’s Office and the Licensing and Certification Programs 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.
- 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.

QUALIFIED EXEMPT CERTIFICATE OF COMPETENCY APPLICATION

Printed Name of the QUALIFIED EXEMPT Certification Applicant *Position with Company*

Signature of QUALIFIED EXEMPT Certification 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 QUALIFIED EXEMPT CERTIFICATE OF COMPETENCY HOLDER

Name of Applicant/Employee:	_____		
Name of Employer (agency/organization):	_____		
Signatory Name:	_____	Phone Number:	_____
Employment Start Date:	_____		
E-Mail Address:	_____		

I, the signatory for the above-referenced employer, hereby swear and attest that neither the above-referenced individual nor our agency/organization are working as a fire protection sprinkler system contractor. We have both read RCW 18.160 and WAC 212-80 and understand that they ONLY apply to fire protection sprinkler system contracting companies and their employees while engaged in the sprinkler contracting trade.

This definition does not fit our organization or this individual's employment, and any performance of work normally considered a part of the sprinkler trade/industry is merely incidental to the individual's normal work duties. Both of us meet the criteria of exemption from RCW 18.160 and WAC 212-80 – whether by language alone or by intent.

I verify that I am authorized by the above-referenced employer 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 QUALIFIED EXEMPT certification and/or the nature of our exemption from RCW 18.160 and WAC 212-80.

QUALIFIED EXEMPT CERTIFICATE OF COMPETENCY APPLICATION

Printed Name of the Employer's Signatory _____
Position with Agency/Organization of Signatory

Signature of the Employer's 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 QUALIFIED EXEMPT CERTIFICATION

Name of Certification Applicant:	_____
Exempt Employer:	_____
<input type="checkbox"/>	Both me and my employer meet the criteria of being exempt from RCW 18.160 and WAC 212-80 – whether by language alone or by intent.

- 1) Complete the above portion of this form and submit it as part of your application. Unless otherwise noted, DO NOT include any fees with your initial submission.
- 2) Once approved for certification and after any required testing is successfully passed, 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) 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.

(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.

<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"/>
Certification Fees: <input style="width: 100%;" type="text"/>	Certification Fees: <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>

The following 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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