



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



CHANGE OF LICENSING NAME FOR A SPRINKLER CONTRACTOR

Read ALL instructions below carefully. Incomplete, illegible, or missing information will delay processing and may result in rejection. To **update the certification record attached to your legally changed name with this office** you must:

- 1) **Be currently licensed** by this office as a Fire Protection Sprinkler System Contractor. If you are currently expired, you will need to include this document with the Licensing Reinstatement form (Form 3000-420-248).
- 2) Include all relevant documentation, such as a current copy of the new license issued by the Department of Labor and Industries and a change of rider for or replacement of your company's licensing bond with this office.
- 3) **THIS FORM IS ONLY ALLOWABLE FOR LEGAL NAME CHANGES.** Revised Code of Washington (RCW) 18.160.040 (9) makes licenses non-transferrable. If the ownership of the company has changed or been significantly restructured a new license may be necessary.
- 4) Return the originally issued licensing document in its entirety so it can be replaced. There is no cost for this action, but any portion of the original certificate which cannot be returned must be accounted for.
- 5) Unless otherwise instructed, **DO NOT SUBMIT** any fees. There is ordinarily no cost associated with this action.
- 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 relevant documentation described herein to:

Washington State Patrol Fire Protection Bureau
Education, Enforcement, and Analytics Section
Post Office Box 42642
Olympia, WA 98504-2642

- 8) Within two to ten (2-10) working days of this paperwork being accepted as complete, your record will be updated and any replacement documentation requested will be issued.



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



Date Received

LEGAL NAME CHANGE: LICENSING RECORD

This form is **ONLY** used to change the legal name of a **CURRENTLY** licensed Fire Protection Sprinkler System Contractor as defined by [RCW 18.160](#).

INCOMPLETE OR ILLEGIBLE SUBMISSIONS WILL BE SUMMARILY REJECTED

CURRENT/PREVIOUS/OLD LICENSING INFORMATION

Washington State (Specialty) Contractor Number: _____ (As provided by L&I)

Complete Business Name of Licensee: _____

Complete Business Contact Name: _____

Complete Mailing Address: _____

Phone Number: _____ FAX Number: _____

E-Mail Address: _____

NEW LICENSING INFORMATION

Washington State (Specialty) Contractor Number: _____ (As provided by L&I)

Complete Business Name of Licensee: _____

Complete Business Contact Name: _____

Complete Mailing Address: _____

Phone Number: _____ FAX Number: _____

E-Mail Address: _____

Possession of this license has not been transferred (RCW 18.160.040 (9) and WAC 212-80-058).

Include the Following Documents with Your Submission:

- | | |
|--------------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> New Bond or Change of Rider | <input type="checkbox"/> License from the Department of Labor and Industries |
| <input type="checkbox"/> Updated Status from Secretary of State | <input type="checkbox"/> Articles of Incorporation (if changed) |
| <input type="checkbox"/> Current Original License from this Office | <input type="checkbox"/> Any and All Affected RCW 18.160 Certifications |

 Printed Name of Company Signatory

 Position with Company

 Signature of Company Signatory

 Date of Signature

CHANGE OF LICENSING NAME



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



Date Received

ISSUED DOCUMENTATION RETURN CHECK LIST

This checklist is specific to the documents issued by this office – the license to the company and certifications issued in their name for the employees. It is not an all-inclusive list of everything to be included in this action.

License Issued

Level 1 Level 2 Level 3 Level U Level I&T

“Old” Name

“New” Name

- The original full 8 1/2” x 11” license is included.
 The original full 8 1/2” x 11” license cannot be returned.

Explain:

Affected Certifications ([RCW 18.160](#))

Use the following chart to catalog the inclusion of your affected certified employees. Each Certificate of Competency issued bears the name of their employer and includes a Wall Mount, Employee Index Card, and Wallet Card. For each certified employee, list their level, name, and account for the whereabouts of each portion of the original certificate.

Return or otherwise account for all associated certification stamps for all levels of certification except Level ITT.

Certification Level	Employee Name	Wall Mount	Index Card	Wallet Card	Stamp

Unaffected Certifications ([RCW 18.270](#))

Certifications issued to fitters under RCW 18.270 (Residential, Journey, Trainee) do not bear any mark noting their employer on the card issued so are not affected. Do not include any fitter certifications.

However, some fitters may also be certified under RCW 18.160 (Levels 1, 2, 3, U, or ITT), which will be affected and should be included above. Only include those certificate holders who are affected by the name change. Each certification issued clearly identifies itself and its level.

CHANGE OF LICENSING NAME