



QUALIFIED EXEMPT CERTIFICATION REINSTATEMENT

Read ALL instructions below carefully. Incomplete, illegible, or missing information will delay processing and/or may result in rejection without further review. To **reinstate a QUALIFIED EXEMPT Certificate of Competency Certification** with the state of Washington 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) Have contacted the Washington State Fire Marshal’s Office and been instructed and approved to complete this form. **If you have not been approved to use this form, it will be rejected.**
 - a. The three reasons this form would be approved and thereby accepted are:
 - i. Missed Renewal: The annual renewal cycle has closed.
 - ii. Previously Certified: You have been uncertified for less than two (2) calendar years.
 - iii. Instructed: You have been instructed by this office to specifically complete this form.
- 3) Include a letter detailing how you are still 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.)
- 4) **You MUST include a copy of a valid government-issued photo identification that possesses a representative sample of your signature.**
- 5) DO NOT INCLUDE any fees with this application. Once your application has been accepted and your certification approved for issuance you will be billed for the amount due using the fee submittal form you will complete as part of this application.
 - a. A Late/Reinstatement Fee of \$ 100.00 may be assessed after one hundred and twenty (120) days of expiration.
- 6) Complete all sections of this application. Write “NOT APPLICABLE”, “DOES NOT APPLY”, or other clarifying statements as needed.
- 7) Return all portions of this completed application marked “MUST RETURN AS PART OF THE APPLICATION” at the bottom right of the page 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 (2) to ten (10) working days of approval you will be provided the completed fee submittal form with the amount due and the date by which it must be received. Your payment must be received by this due date with the completed fee submittal form in order to be accepted and the certification issued.
- 9) Certifications are only issued/valid upon receipt of the payment and are mailed out to the address provided in this application within two (2) to ten (10) working days of receiving payment.



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: QUALIFIED EXEMPT CERTIFICATION

***ONLY** for use by a previously certified **QUALIFIED EXEMPT** Certificate of Competency Holder seeking reinstatement who has been instructed to do so by this office. ALL others will be rejected.*

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

Year of Expiration: _____ **Date Instructed to Use Form:** _____

| | |
|---|----------------------------------|
| Complete Name of Certificate Holder: | _____ |
| Certification Number: | _____ (as issued by this office) |
| Complete Mailing Address: | _____ _____ |
| Phone Number: | _____ FAX Number: _____ |
| E-Mail Address: | _____ |
| Name of Exempt Employer: | _____ |

Since I was last certified, I have been arrested, charged, indicted, and/or convicted of a criminal violation.

| Year | Charge | Disposition |
|------|--------|-------------|
| | | |
| | | |
| | | |

RCW 18.160.080 makes felony conviction a potential hindrance to certification. However, each application will be evaluated individually without bias.

Neither me nor my employer act as or are considered a Fire Protection Sprinkler System Contractor.

*As an applicant for the reinstatement of a **QUALIFIED EXEMPT** certification, I hereby swear and attest to still 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 Certificate Holder

Signature of Certificate Holder

Date of Signature

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VERIFICATION OF EMPLOYMENT FOR A QUALIFIED EXEMPT CERTIFICATE OF COMPETENCY HOLDER

| | |
|------------------------------------|-------|
| Name of Applicant/Employee: | _____ |
| Name of Exempt Employer: | _____ |
| Signatory Name: | _____ |
| Phone Number: | _____ |
| E-Mail Address: | _____ |
| Employment State Date: | _____ |

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 Education, Enforcement, and Analytics Section 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.

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: QUALIFIED EXEMPT REINSTATEMENT

APPLICANT DETAILS:

Name of Certification Applicant: _____

Exempt Employer: _____

Both me, the above applicant for certification, and my employer meet the criteria of being exempt from RCW 18.160 and WAC 212-80 – whether by language directly or intent alone.

INSTRUCTIONS:

- 1) Complete the above portion of this form and submit it with your paperwork. Unless otherwise noted, DO NOT include any fees with your initial submission.
- 2) Once approved for reinstatement, this form is returned to you with the amount due calculated by our office. This document is NOT valid unless it is signed by an employee of the Fire Protection Bureau.
- 3) The annual certification fees are not pro-rated for reinstatements. If the certification has been expired for more than one hundred twenty (120) days a late/reinstatement fee of \$ 100.00 may be charged in addition to any other costs for certification.
- 4) Payment must be submitted physically by check or money order.
- 5) Checks/Money Orders are to be written out to the Washington State Patrol Fire Protection Bureau (**WSP FPB**).
- 6) Your payment MUST be submitted to this office with this form and received ON OR BEFORE the due date listed below. Failure to do so or submitting a partial or incomplete payment will result in your payment being rejected.
- 7) The reinstated certification will be issued within two to ten (2-10) working days of receiving the payment.

FOR WSP USE ONLY

Current Certification Cycle: _____

Submit the Total Due by Check or Money Order WITH THIS FORM on or before the Due Date to:

Annual Cycle Fee:

Late Fee:

Total Due:

Due Date:

WSP FPB EEA
 Post Office Box 42642
 Olympia, WA 98504-2642

 Printed Name of WSP FPB Staff Member

 Signature of WSP FPB Staff Member

 Date of Signature

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