



LEVEL 2 SPRINKLER CONTRACTOR LICENSING APPLICATION

Read ALL instructions below carefully. Incomplete, illegible, or missing information will delay processing and may result in rejection. To apply for licensing as a **Level 2 Fire Protection Sprinkler System Contractor** you must:

- 1) Be properly licensed with the Washington State Department of Labor and Industries (L&I) as either a general Contractor or a Fire Protection System Specialty Contractor. This will provide you with your *Complete Business Name* and is how you will be licensed with this office as a contracting company
- 2) Have in your employ at least one (1) individual who either currently carries or is capable of applying for a Level 2 Certificate of Competency. Include their properly completed certification application (initial, transfer, or reinstatement) with your licensing application and record them properly on the Fee Submittal Form you will complete as part of this application.

This full time certified employee is conditional for licensing per RCW 18.160.

- 3) Secure and attach a third party surety bond in the amount of \$ 6,000.00 with this office using the form included as part of this application. In lieu of this bond, you may choose to complete an assignment of deposit in the same amount using the assignment form included in this application. Only one (1) of these options is required.

This bond is conditional for licensing and must be separate from any other obligation per RCW 18.160.

- 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 licensing costs, there is an initial application fee of \$ 100.00 and an annual licensing fee pro-rated from \$ 375.00. This pro-ration is based upon the month of your initial licensing and does not include the cost of your employee's certification. 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 employee certification 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

- 7) If your employee(s) must pass a certification examination that process must be completed before the licensing application can be accepted as complete.
- 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.
- 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.

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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: LEVEL 2 CONTRACTOR LICENSING

This form is for first-time applicants for a Level 2 fire protection sprinkler system contractor's license only. Please print clearly. It is the responsibility of the applicant to submit all supporting documentation. Failure to do so may delay processing.

Date of this application: _____

I/We are properly licensed as a contractor with the Department of Labor and Industries as a:

General Contractor Fire Protection Specialty Contractor

Washington State UBI (Unified Business Identifier) Number: _____

Washington State (Specialty) Contractor Number: _____ *(Issued by L&I)*

Complete Business Name: _____

Mailing Address: _____

Street Address or PO Box

City _____ State _____ ZIP Code _____

Contact Name: _____ **Position:** _____

Phone Number: _____ **FAX Number:** _____

E-Mail Address: _____

You have at least one (1) full time employee who is:

Currently certified as a Certificate of Competency Holder for another contractor.*

Name	Current Employer	Certification Number	Level

Applying for or otherwise qualified to become a Certificate of Competency Holder.**

Name	NICET Certification Type	Certification Number	Level

- * **MUST** include a completed Certification Transfer Form for each such employee.
- ** **REQUIRES** a properly completed application or reinstatement for each employee and may require an examination, which could delay your licensing application..

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CONTRACTOR LICENSING BACKGROUND

I/We are legally registered as a:

- Sole Proprietorship
 Partnership
 Corporation
 LLC
 LLP

Principle Partners, Officers, and/or Managing Employees

Name	Position With Company	Years With Company	Phone Number

Other Licenses Associated With This Company

Contractor Number	Company Name	Name of Owner/President	Licensing Status

How many years has this company operated in its current structure? _____

How many of those years were spent performing work covered by this license? _____

Is there another company who owns this one – a parent company? Yes No

Parent Company Name:	
Contractor Number:	
UBI Number:	

Any Principle Partners, Officers, and/or Managing Employees Charged or Convicted of any Criminal Violations?

Yes (complete below - **required**) No (move to next question)

Name	Position With Company	Charge	Disposition

RCW 18.160.080 makes felony conviction a potential hindrance to licensing, with arson and fraud our primary concern. However, we accept and review any and all applications with such notations openly and free from bias, seeking only statutory compliance and public fire and life safety.

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AFFIDAVIT OF COMPLIANCE FOR LEVEL 2 LICENSING

Name of Contractor: _____

I, the signatory of an applicant for licensing as a Level 2 Fire Protection Sprinkler System Contractor in accordance with Revised Code of Washington (RCW) [18.160](#) and Washington Administrative Code (WAC) [212-80](#), do hereby make the following statements of compliance to the Washington State Patrol Fire Protection Bureau:

- 1) We have read, understand, and will abide by RCW 18.160 and its administrative rule set, WAC 212-80.
- 2) While engaged in business as a fire sprinkler system contractor, we will follow all relevant state-adopted and locally enacted standards and codes to the best of our ability and employ people properly qualified and/or certified to engage in the sprinkler trade safely, competently, and legally.
- 3) We understand and accept that the Washington State Patrol will make information regarding our licensing status and the status of our certified employees available to the public to assist in ensuring compliance with state law and rule.
- 4) We understand the nature of this Level 2 Contractor's License we apply for and, as such, neither we nor our employees will work above this level while engaged in the fire protection sprinkler system trade.
- 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. We have filled this application out completely, withheld nothing, and understand and accept that any incomplete and/or illegible applications can be summarily rejected.
- 6) We 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 Fire Sprinkler System Contractor Signatory

Position with Company

Signature of Fire 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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LEVEL 2 FIRE SPRINKLER SYSTEM CONTRACTOR'S BOND

This bond is required by Revised Code of Washington (RCW) 18.160.090 for licensing as a Fire Protection Sprinkler System Contractor and must be submitted to the Fire Protection Bureau within 30 days of its effective date to remain valid.

Contractor Name:	_____		
Doing Business As:	_____		
Surety Company:	_____		
Legal Surety From the State of:	_____	Bond Number:	_____
<i>Surety Company MUST be authorized to transact surety business within the State of Washington to enact this bond</i>			

By this bond the Contractor and Surety bind ourselves and our heirs, executors, administrators, successors, and assigns, jointly and severely, to pay the State of Washington the penal sum of **SIX THOUSAND DOLLARS (\$6,000.00)** lawful money of the United States of America.

The Contractor has applied for a Fire Sprinkler System Contractor's license from the Fire Protection Bureau of the Washington State Patrol. The Contractor is required by RCW 18.160 to furnish a continuous licensing bond in the penal sum of **SIX THOUSAND DOLLARS (\$6,000.00)** with good and sufficient surety. The bond must be conditioned as required by RCW 18.160.

The above obligation is conditioned that the Contractor will pay to all who have purchased through contract fire protection sprinkler system design, installation, inspection, testing, maintenance and/or repair work and have obtained a judgment against the Contractor for any breach of said contract. Upon doing so, the obligations of the Contractor and Surety under this bond shall thereafter become null and void. Otherwise, this obligation shall remain in full force and effect per the conditions and terms of RCW 18.160 regarding any and all fire protection sprinkler system work performed by the Contractor.

Any purchaser of a fire protection sprinkler system that has a claim against the Contractor for breach of a fire protection sprinkler system contract may bring suit against this bond in the superior court of the county in which the work was done or of any county in which the court has jurisdiction over the Contractor. No person other than a party to such a breached contract has any right against this bond. Said suit **MUST** be brought forward within one year of the expiration of the Contractor's license with the Fire Protection Bureau. This bond shall not be a substitute for or supplemental to any liability or any other insurance obligation made by law or contract and in **NO CASE** shall the Surety be held liable for any claim in excess of this bond.

This bond shall become effective on _____ and **shall remain in full force** until the earlier of (a) one year after the final expiration of the fire sprinkler system contractor license with the Washington State Patrol Fire Protection Bureau or (b) 45 days after the Surety gives notice of its intent to cancel the bond to the Contractor and to the Director of the Fire Protection Bureau. The aggregate liability of the Surety of all claims, regardless of the year in which the claim accrued, shall not exceed the penal sum of **SIX THOUSAND DOLLARS (\$6,000.00)** regardless of the number of years this bond is in effect, or whether it is reinstated, renewed, reissued, or otherwise continued in any way, shape, and/or form.

Cancelling this bond **shall not** be considered a method of avoiding a valid judgment to any party with legal claim to this coverage.

IN WITNESS OF THIS CONTRACT, the Contractor and Surety have affixed their hands and seals to this binding obligation.

 Contractor's Name and Signature

 Surety's Name and Signature

 Date of Signature

 Date of Signature

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ASSIGNED SAVINGS ACCOUNT (WASHINGTON STATE BANKS ONLY)

This savings account is created for the sole purpose of fulfilling the bonding requirements of Revised Code of Washington (RCW) 18.160.090 for licensing as a Fire Protection Sprinkler System Contractor.

The undersigned depositor hereby assigns and transfers any and all titles and rights to the savings account created herein unto the Washington State Patrol, Fire Protection Bureau. This deposit shall be held in perpetuity by the bank referenced below who grants full power of control unto the Director of Fire Protection, also known as the Washington State Fire Marshal.

The Washington State Fire Marshal shall possess sole authority to demand, collect, and/or receive monies from this account, in whole or in part, at all times. Releasing monies from this account shall be accomplished within thirty (30) days of receiving a written notice from the Washington State Fire Marshal. There shall be no other conditions of release and no other authority can cause release of any funds contained within this savings account.

ASSIGNED SAVINGS ACCOUNT INFORMATION

Name of Bank:	_____		
Bank Address: <i>(complete)</i>	_____ _____		
Name of Business/Fire Sprinkler Contractor:	_____		
Depositor:		Account Number:	_____
Amount Deposited Into Account:	_____	<i>CANNOT BE LESS than \$6,000.00</i>	
Signature of Depositor:	_____	Date of Deposit:	_____
<p>The undersigned hereby accepts the above-referenced deposit on behalf of the Washington State Fire Marshal's Office and agrees to hold these funds until instructed otherwise by the State Fire Marshal.</p>			
Name of Bank Officer:	_____	Title of Officer:	_____
Signature of Officer:	_____	Date of Signature:	_____

NOTARIZATION OF BANK OFFICER

Subscribed and sworn before me this the _____ day of _____ of the calendar
day of month full month
 year _____ in the city and county of _____.
four digit year city, county

Signature of Notary Public for the Washington State Bank

Date of Notary Action

Printed name and contact information of the notary public

Seal of the Notary Public

THIS DEPOSIT MUST REMAIN IN PLACE FOR NOT LESS THAN ONE (1) LICENSING YEAR AFTER THE FINAL EXPIRATION OF THE LICENSE WITH THIS OFFICE

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FEE SUBMITTAL: INITIAL LICENSING AND CERTIFICATION

Name of Contractor: _____		
EMPLOYEE DETAILS (Certificate of Competency Holders)		
<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 Reinststate</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 1) Complete the top of this form and submit it with all the application paperwork 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) Based upon the application's completion date and projected processing times, we try to offer two options for your initial month of licensing. Each quote is for the remainder of the year as set by month, includes the fees for your employees noted above, and has a due date. *Payments must be received by your chosen quote's due date to begin licensing for that month, and applications pending after the date noted in Quote 2 will be rejected.*
- 4) Checks are to be 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.

<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>	

The following Level 2 Licensing Pro-Ration Chart is ONLY provided for your information.

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
\$344	\$313	\$282	\$251	\$220	\$189	\$158	\$127	\$96	\$65	\$34

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