FIRE PROTECTION BUREAU
LICENSING PROGRAMS
PO Box 42600
Olympia WA 98504-2600
(360) 570-3134 FAX: (360) 570-3136

AFFIDAVIT FOR A FIRE SPRINKLER CONTRACTING COMPANY

The undersigned has appeared before me, a Notary Public, and affirmed that as an applicant for a license as a fire protection sprinkler system contractor:

1) He or She, the undersigned, has signature authority for the company making application for a Fire Protection Sprinkler System Contractor's license.

2) This company will abide by all the laws, rules, and regulations concerning this Fire Protection Sprinkler System Contractor's license per RCW 18.160 and WAC 212-80.

3) Information provided in this application and any and all statements made to procure this Fire Protection Sprinkler System Contractor's license are accurate and correct.

4) This company hereby releases the Washington State Patrol Fire Protection Bureau, or others, from any liability or damage which may result from furnishing the information provided in the application or as a result of licensing as a Fire Protection Sprinkler System Contractor, if so requested.

_____	_____	_____
Signature of Undersigned	Title of Undersigned	Date of Signature
_____	_____	
Printed Name of Undersigned	Company Applying for a Fire Protection Sprinkler Contractor's License	

Subscribed and sworn before me this, the _____ day of the month of _____
date *name of month*

of the calendar year _____ .
year

_____	_____
Signature of Notary Public	*Printed Name of Notary Public*

_____
_____
_____
_____
_____
_____

Complete address and contact information for Notary Public

Seal of the Notary Public