

**Board for Contractors**

**AUTOMATIC FIRE SPRINKLER INSPECTORS CERTIFICATION APPLICATION**

**Fee \$150.00**

A check or money order payable to the **TREASURER OF VIRGINIA**,  
 or a completed **credit card insert** must be mailed with your application package.  
**APPLICATION FEES ARE NOT REFUNDABLE.**

- Provide a **current** or **previously issued** license, certification or registration by Department of Professional and Occupational Regulation or by the Virginia Board for Contractors - (if applicable)

Virginia License Number 



 Expiration Date \_\_\_\_\_

1. Full Legal Name (As it appears on your government issued ID or other legal documentation.)

\_\_\_\_\_  
 Last (required) First (required) Middle Generation

**Required Attachment:** Provide a copy of your government issued ID. Copy must be legible.

2. Provide at least **one** of the following identification numbers\*:

☐ **Social Security Number** and/or



☐ **Virginia DMV Control Number**



➤ Enter the same identification number as used on examination, previous applications or licenses on file with the department.

\* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the **Virginia** Department of Motor Vehicles.

3. Date of Birth \_\_\_\_\_ (Must be at least 18 years of age.)

MM/DD/YYYY

4. Maiden or Former Name(s) \_\_\_\_\_

5. Mailing Address (PO Box accepted)

The mailing address will be  
 printed on the license.

\_\_\_\_\_  
 City State Zip Code

6. Street Address (PO Box **not** accepted) ☐ Check here if Street Address is the same as the Mailing Address listed above.

**PHYSICAL ADDRESS REQUIRED**

\_\_\_\_\_  
 City State Zip Code

7. Contact Numbers

\_\_\_\_\_  
 Primary Telephone

\_\_\_\_\_  
 Alternate Telephone

\_\_\_\_\_  
 Fax

8. Email Address

\_\_\_\_\_  
 Email address is considered a public record and will be disclosed upon request from a third party.

BOARD USE ONLY	ETS					
OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			1020		2723	

9. Which of the following certifications are you using to qualify for the Automatic Fire Sprinkler Inspector?
- ☐ Hold a current Level II or higher Inspection and Testing of Water-Based Systems certificate issued through the National Institute for Certification in Engineering Technologies (NICET)  
*Required Attachment: Provide a copy of such certificate.*
- ☐ Hold a current certificate issued by a Board approved nationally recognized training program similar to the NICET certification.  
*Required Attachment: Provide a copy of such certificate or other documentation certifying the completion of the program.*
10. Have you ever been subject to a **disciplinary action** taken by any (including Virginia) local, state or national regulatory body?
- No ☐
- Yes ☐ If yes, complete the [Disciplinary Action Reporting Form](#).
11. A. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **felony**?
- No ☐
- Yes ☐ If yes, complete the [Criminal Conviction Reporting Form](#).
- B. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any non-marijuana **misdemeanor**?
- No ☐
- Yes ☐ If yes, complete the [Criminal Conviction Reporting Form](#).
12. By signing this application, I certify the following statements:
- I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
  - I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction of a felony or misdemeanor (in any jurisdiction).
  - I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the department may contact. I also agree to present any credentials or documents required or requested by the Department.
  - I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
  - I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 11 of the Code of Virginia and the Virginia Board for Contractors Individual License and Certification Regulations.

Signature \_\_\_\_\_ Date \_\_\_\_\_