Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-8511
www.dpor.virginia.gov



Board for Contractors
AUTOMATIC FIRE SPRINKLER INSPECTORS CERTIFICATION APPLICATION
Fee \$175.00

A check or money order payable to the <u>TREASURER OF VIRGINIA</u>, or a completed <u>credit card insert</u> must be mailed with your application package.

APPLICATION FEES ARE NOT REFUNDABLE.

>	Provide a <u>curr</u> e	ent or previo	ously issued	d lice	nse cer	tificatio	n or	reais	stration	by Den	artment of	Profe	ssional and	
	Occupational Re	•	•					_		J, 20p			oolondii dine	
	Virginia Licer	Ĭ	ΤŤ					İ	]	Expiration	on Date			
	g								J					
1.	Full Legal Nam	ne (As it appe	ars on your go	vernm	ent issue	d ID or o	ther le	gal d	locumer	ntation.)	<b>J</b>			
	Last (required)		First	(requi	ired)				Middle				Generation	
	Required Attac	<b>hment</b> : Provide	e a copy of you	r gove	ernment is	sued ID	Сору	mus	t be leg	ible.				
2.	Provide at least one of the following identification numbers*:													
	Social Security Number and/or													
	<u>Virginia</u> [	DMV Control No	umber											
	Enter the sar	me identification nu	mber as used on e	examina	ition, previou	is applica	ions or l	license	es on file v	with the depa	rtment.			
	* State law red	uires every application	ant for a license, ce	ertificate	e, registration	or other	authoriz	ation t	to engage	in a busines	s, trade, profess		ccupation issued	
3.	Date of Birth	MM/DD/		(Must	be at leas	t 18 yea	rs of a	ige.)						
4.	Maiden or Forr	mer Name(s)												
5.	Mailing Address (PO Box accepted)  The mailing address will be printed on the license.									Zip Code				
6.	Street Address	(PO Box, not	accented)	City	Check he	ere if Stree	t Addre	ss is th	ne <u>same</u> a	s the Mailing	State Address listed	above.	Zip Code	
0.	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 Number	ers												
			Primary Teleph	none			Altern	ate Te	elephone			Fax		
8.	Email Address													
			Email address	s is cor	nsidered a	public re	ord an	d will	be disclo	osed upon i	equest from a	third pa	arty.	
BOARD USE ONLY	ETS													
	DATE	FEE	TRANS CODE		ENTITY#				FII F	#/LICENSE#			ISSUE DATE	
USE			1020				272	3						

9.	Which of the following certifications are you using to qualify for the Automatic Fire Sprinkler Inspector?						
Hold a <u>current</u> Level II or higher <u>Inspection and Testing of Water-Based Systems</u> certificate iss National Institute for Certification in Engineering Technologies (NICET)							
	Required Attachment: Provide a copy of such certificate.						
	Hold a <u>current</u> 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 <u>disciplinary action</u> taken by <u>any</u> (including Virginia) local, state or national regulatory body?  No						
	Yes If yes, complete the <u>Disciplinary Action Reporting Form.</u>						
11.	<ul> <li>A. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any <u>felony</u>? Any plea of nolo contendere shall be considered a conviction.</li> <li>No</li> <li>Yes If yes, complete the <u>Criminal Conviction Reporting Form.</u></li> </ul>						
	B. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any misdemeanor? Any plea of nolo contendere shall be considered a conviction.  No  Yes  If yes, complete the Criminal Conviction Reporting Form.						
12.	By signing this application, I certify the following statements:						
	<ul> <li>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.</li> </ul>						
	<ul> <li>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).</li> </ul>						
	<ul> <li>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.</li> </ul>						
	<ul> <li>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.</li> </ul>						
	• 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						