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 \$130.00

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>c<i>urre</i></u> Occupational Reg											by	Dep	oartn	nent	of Pr	rofes	sional and
	Virginia Licen	se Number							Ĺ		,	Exp	oirati	ion D)ate			
1.	Full Legal Name (As it appears on your government issued ID or other legal documentation.)																	
	Last (required)			t (requ	,					Midd								Generation
	Required Attach			-				Сору	mus	t be	legik	ole.						
2.	Provide at least <u>one</u> of the following identification numbers*:																	
	Social Se	curity Numbe	r and/or			L	$\perp \!\!\! \perp$	<u></u>	<u>- L</u>	<u></u>		<u>- [</u>	<u></u>	<u></u>	\perp	╛		
	<u>Virginia</u> □	MV Control No	umber															
	* State law requ	uires every applica	ant for a license, calle a social security	ertificate	e, regis	stration or	other a	uthoriz	ation t	to eng	gage i	in a b	ousine	ess, tra	de, pr		or occ	cupation issued
3.	Date of Birth	MM/DD/		(Must	be at	t least 18	3 years	s of a	ge.)									
4.	Maiden or Form	ner Name(s)																
5.		s (PO Box ac g address will be on the license.	. ,	City											Sta			Zip Code
6.	Street Address PHYSICAL		Check here if Street Address is the <u>same</u> as the Mailing Address listed above.															
				City											Sta	ate _		Zip Code
7.	Contact Number	ers																
			Primary Telepl	hone				Altern	ate Te	elepho	one						Fax	
8.	Email Address		Email addres	e ie co	neida	red a nuh	lic reco	ord an	d will	ho di	isolo		unon	requi	oet fre	om a thi	ird nar	
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BOARD USE ONLY	ETS																	
OFFICE	DATE	FEE	TRANS CODE		EN.	ITITY#					FILE #	#/LICE	NSE#					ISSUE DATE
USE			1020				2	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 issued through the National Institute for Certification in Engineering Technologies (NICET) <u>Required Attachment</u> : 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 No No No No No No No No
	Yes If yes, complete the <u>Disciplinary Action Reporting Form.</u>
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 ? Any plea of nolo contendere shall be considered a conviction. No
	Yes If yes, complete the <u>Criminal Conviction Reporting Form.</u>
	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:
	 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 o 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 o 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