



Seattle Fire Marshal's Office
 220 3rd Avenue South, 2nd Floor
 Seattle, WA 98104
 (206) 386-1450

REPLACEMENT CARD

FIRE AND LIFE SAFETY CERTIFICATION

Fee per Replacement Card: \$55

OFFICE USE ONLY	
Original Card Exp. Date:	Date Paid:
Test Period Exp. Date:	Check Number:
Fee Paid:	Receipt Number:

<p>SECTION 1: TECHNICIAN INFORMATION</p> <p>First Name: _____ Middle Initial: _____</p> <p>Last Name: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Certificate #: _____ - _____ (leave blank for 1st time applicants)</p> <p>Date of Birth: _____ Phone: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Driver's License # _____</p> <p>Email: _____</p>	<p>SECTION 2: COMPANY INFORMATION</p> <p>Company Name: _____</p> <p>Supervisor Name: _____</p> <p>Company Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Work Phone: _____</p> <p>Email: _____</p> <p>Where would you like your card/results mailed? (check one) <input type="checkbox"/> Home <input type="checkbox"/> Work</p>
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SECTION 3: TYPE OF TEST/CERTIFICATE

<p>Automatic Sprinklers:</p> <p><input type="checkbox"/> AS-ITT (S)</p> <p><input type="checkbox"/> AS-2 (S)</p> <p><input type="checkbox"/> AS-3 (S)</p> <p>Fire Pump Systems:</p> <p><input type="checkbox"/> FP-1</p> <p><input type="checkbox"/> FP-ITM</p>	<p>Engineered Systems: (Includes Pre-Engineered Systems)</p> <p><input type="checkbox"/> E-1</p> <p><input type="checkbox"/> E-2</p> <p><input type="checkbox"/> E-3</p> <p><input type="checkbox"/> E-4</p> <p>Standpipe System:</p> <p><input type="checkbox"/> STP-ITM</p>	<p>Emergency Generators:</p> <p><input type="checkbox"/> EG-1</p> <p><input type="checkbox"/> EG-ITM</p> <p>Fire Extinguishers:</p> <p><input type="checkbox"/> FEX-1</p> <p><input type="checkbox"/> FEX-2</p> <p><input type="checkbox"/> FEX-3</p> <p><input type="checkbox"/> FEX-4</p>	<p>Fire Alarm Systems:</p> <p><input type="checkbox"/> FA-1</p> <p><input type="checkbox"/> FA-ITM</p> <p>Smoke Control System:</p> <p><input type="checkbox"/> SC-1</p> <p><input type="checkbox"/> SC-ITM</p>
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SECTION 4: CUSTOMER ACKNOWLEDGMENTS

General Customer Responsibilities

I hereby certify that all of the information on this form is true and correct to the best of my knowledge. I understand that any false statements or misrepresentation made in this application are cause for denial, suspension, or revocation of the fire and life safety certificate. I also understand that the certificate issued to me remains the property of the Seattle Fire Department and I agree to surrender the certificate upon demand of the Chief of the Fire Department or his/her authorized representative. I understand that the laws and standards governing the certificate for which I am applying periodically change and that I am responsible for monitoring and complying with those changes. I understand that it is the responsibility of certificate holders to keep their certificate up to date, and that it is a criminal law violation to perform any of the work regulated by Seattle Fire Department Administrative Rule 9.01 without first having a valid certificate. _____ (initials)

Sprinkler Affidavit (for Automatic Sprinkler Certificate Holders Only)

I hold a valid Washington State issued Certification of Competency for work on sprinkler systems. I understand that it is my responsibility to maintain a valid State Issued Certification of Competence, in addition to my SFD Certification, and that I must hold both Seattle and State certification to work on sprinklers in Seattle. _____ (initials) You are required to attach a current copy. Copy attached: Yes No

My signature indicates that I have read and understand the above.

 SIGNATURE

 DATE