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



AUTOMATIC FIRE SPRINKLER INSPECTORS CERTIFICATION APPLICATION Fee \$130.00

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 <u>curre</u> Occupational Re | | • | • | | | | | | • | | n by | / [|)ера | artr | ner | nt of | Pro | fessio | onal a | nd |
|----------------------|---|------------|-------------|--|---------------------|--|-----------|----------|---------|--------|-------|---------|------|-------|----------|---------|-----------|--------|---------|-----------|-----|
| | Virginia Licer | nse Nu | mber [| mber Expiratio | | | | | | | on [| n Date | | | | | | | | | |
| 1. | Full Legal Nam | ne (As | s it appea | ars on your g | jovernm | ent issue | ed ID o | other | leg | al do | cume | entati | ion | .) | | | | | | | |
| | Last (required) | rst (requi | (required) | | | | | Middle | | | | | | | | | Generatio | n | | | |
| | 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 Se | ecurity | Number | | | | | | | | | | | | | | | | | | |
| | ☐ Virginia [| DMV C | ontrol Nu | mber | | | | Ī | _ | | | Ť | 丁 | | Π | 寸 | T | | | | |
| | ✓ <u>Virginia</u> DMV Control Number Enter the same identification number as used on examination, previous applications or licenses on file with the department. | | | | | | | | | | | | | | | | | | | | |
| | * State law red | quires ev | ery applica | nt for a license, e a social securi | certificate | e, registrati | on or oth | er autho | orizat | ion to | engag | e in a | bu | sines | s, tra | ade, | | | r occup | ation iss | ber |
| 3. | Date of Birth | | | | (Must | be at lea | st 18 y | ears o | f ag | e.) | | | | | | | | | | | |
| ٥. | 54.0 01 5.1.1.1 | | MM/DD/Y | YYY | ` | | • | | Ū | , | | | | | | | | | | | |
| 4. | Maiden or Forr | ner Na | me(s) | | | | | | | | | | | | | | | | | | |
| 5. | Mailing Address (PO Box accepted) | | | | | | | | | | | | | | | | | | | | |
| | The mailing address will be printed on the license. | | | | | | | | | | | | | | | | | | | | _ |
| | | | | | City | City | | | | | | | | | | _ | State | | Zip | Code | _ |
| 6. | Street Address (PO Box <u>not</u> accepted) PHYSICAL ADDRESS REQUIRED | | | | | Check here if Street Address is the <u>same</u> as the Mailing Address lis | | | | | | | | | s listed | d above | 9. | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | City | | | | | | | | | | | - (| State | | Zip | Code | _ |
| 7. | Contact Number | | D: T. | | Alternata Talankana | | | | | | | | | | | | | | | | |
| 0 | Email Address | | | Primary Tele | pnone | one Alternate Telephone | | | | | | | | | Fax | | | | | | |
| 8. | Email Address | | | ess is cor | nsidered a | a public | ecord | and | will be | e disc | losed | d ur | on r | ean | est t | from | a third | party. | | — | |
| | | | | | | | | | | | | | | | - 4- | | | | , | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | ETS | | | | | | | | | | | | | | | | | | | | |
| BOARD USE ONLY | | | | | | | | | | | | | | | ΑP | PR | ROV | ED - | APR | RIL 20 | 20 |
| OFFICE | DATE | F | EE | TRANS CODE | | ENTITY # | # | | | | FIL | E #/LIC | CENS | SE# | | | | | ISS | UE DATE | |
| USE ONLY | | | | 1020 | | | | 27 | 23 | | | | | | | | | | | | |

| 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) |
| | 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. | 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 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 <u>misdemeanor</u> ? <i>Any plea of nolo contendere shall be considered a conviction</i> . |
| | 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 |
| | Date |