

**STATE BOARD OF EXAMINERS OF
PLUMBING, HEATING, AND FIRE
SPRINKLER CONTRACTORS**



**APPLICATION PACKET FOR PERSONS APPLYING TO TAKE THE
QUALIFYING EXAMINATION FOR
FIRE SPRINKLER INSPECTION TECHNICIAN**

This application is for persons who do NOT already hold an inspection technician license with this Board, and do not currently hold NICET Level II certification in Inspection and Testing of Water-Based Fire Protection Systems. By returning this application for approval, the applicant is stating he/she has all of the required books and is prepared to test.

APPLICATION INFORMATION

2016-07

This application is for persons who currently

- **Work full-time under a licensed fire sprinkler inspection contractor (or)**
- **Work full-time at a manufacturing, government, university or hospital facility which provides or arranges academic and practical training in fire sprinkler inspections consistent with NFPA-25.**

Applicants for examination for Fire Sprinkler Inspection Technician shall submit evidence adequate to establish that the applicant has 4000 (2 years) hours experience involved in inspection and testing of previously installed fire sprinkler systems, consistent with NFPA-25. This license qualification is for a Technician not a Contractor and therefore cannot be used to contract business. See Applicant Checklist in the back of the application package to ensure return of a completed application. Application must be returned with \$100 exam fee. When an application is approved, Applicant will be notified by mail of next available exam dates. The exam will be open book and given at the Board's office. Further information will be included with approval information. The only references necessary for the exam are the General Statutes, Laws & Rules, January 2015 edition (available from the Board) and NFPA-25 Inspection, Testing, and Maintenance of Water-based Fire Protection Systems. 2011 edition. Complete application must be received in the office one week prior to the next available test date to be considered for that date.

All applicants are required to utilize "CastleBranch.com" to submit a nationwide criminal record report to the Board (attach a paper copy of the background report to this application). Applicants are required to pay the reporting service for the cost of the report. **Answering falsely or submitting an inaccurate criminal record report can be considered fraud or deceit in obtaining a license and could lead to the denial of your application as well as prosecution under G.S. 87-23 and G.S. 87-25. The Board shall not consider the examination application of a person who has been convicted of a crime involving fraud or moral turpitude until at least one year has elapsed following the applicant's completion of the terms and conditions of any punishment for the conviction, except for unsupervised probation.**

The examination is designed to measure the applicant's knowledge of the process of performing NFPA inspections. Each question has only one correct answer. Therefore, the examinee should read each question carefully and then select the one answer that is the most complete and correct. Each examination question is designed to test one particular point of the subject matter. The wording is straightforward and there is no intent to mislead or present "trick" questions.

TO ALL LICENSEES

If any former employee asks that you sign a form verifying his/her work experience so as to qualify for an examination, you must complete these forms to the extent of your knowledge.

An unjustified refusal to sign appropriately documented forms provided by the applicant will lead to an appearance before the Board's Resolution Committee.

The Board understands that on occasion employees are dismissed due to lack of skill, tardiness, substance abuse, theft or other reasons. In such situations, you may wish to provide additional information to the Board by separate letter addressed to Exam Coordinator. The Board will consider all such information within the limits of its duty and authority.

**CHAPTER 50 – BOARD OF EXAMINERS OF PLUMBING, HEATING AND FIRE
SPRINKLER CONTRACTORS.**

FIRE SPRINKLER INSPECTION TECHNICIAN LICENSE

21 NCAC 50 .0301 QUALIFICATIONS DETERMINED BY EXAMINATION

(d) Applicants for licensure in the Fire Sprinkler Inspection Technician classification must pass the technical examination offered by the Board. The Board will accept the results of NICET examination resulting in Level II Certification in “Inspection and Testing of Water-based Protection Systems” by NICET in lieu of the *Board administer* examination. Persons who obtain license as a Fire Sprinkler Inspection Technician based on NICET certification must maintain such certification as a condition of license renewal.

*History Note: Authority G.S. 87-18; 87-21(a); 87-21(b);
Amended eff. July 3, 2012; Jan 1, 2010; May 1, 2006*

21 NCAC 50 .0306 APPLICATIONS: ISSUANCE OF LICENSE

(e) Applicants for examination or licensure in the Limited Fire Sprinkler Inspection Technician classification shall submit evidence adequate to establish that the applicant has either:

- (1) 4000 hours experience involved I inspection and testing of previously installed fire sprinkler systems, consistent with NFPA-25, as a full-time employee of a Fire Sprinkler Contractor or fire insurance underwriting organization; or
- (2) 4000 hours experience involved in inspection and testing of previously installed fire sprinkler systems, consistent with NFPA-25 as a full time employee of a hospital, manufacturing, government or university facility and under direct direct supervision of a Fire Sprinkler Inspection Contractor or a Fire Sprinkler Inspection Technician;
- (3) 4000 hours experience involved in installation of fire sprinkler systems as a full-time employee of a Fire Sprinkler Installation Contractor or
- (4) a combination of 4000 hours experience in any of the categories listed in this Paragraph

*History Note: Authority G.S. 87-18; 87-21 (b)
Amended eff. July 3, 2012; January 1, 2010; June 1, 2006*

21 NCAC 50 .0513 LIMITED FIRE SPRINKLER INSPECTION TECHNICIAN LICENSE

- (a) License in the Limited Fire Inspection Technician classification is required of the technician who carries out periodic inspection of fire sprinkler systems consistent with NFPA-25.
- (b) Periodic observation and testing of systems other than NFPA-25 system certification may be carried out by Fire Sprinkler Maintenance Technicians licensed under Rule .0515 of this Chapter. Insurers who carry out inspections for the limited purpose of underwriting or rating for insurance purposes, in situations where the physical tasks are carried out by the on-site Fire Sprinkler Maintenance Technician licensee of the insured, are not required to be licensed pursuant to this Rule. All NFPA-25 reports and system tags must display the name and signature of the licensee who performed the actual inspection as well as the licensee number of the inspection contractor: except that where the Fire Sprinkler Inspection Technician license is issued in the name of a manufacturing, government, university or hospital facility as set out in this Rule, the NFPA-25 report and system tags must display the name, signature and license number of the Inspection Technician.
- (c) Licenses shall be issued based on experience and examination, or on experience and certification, as described in Rules .0301 and .0306 of this Chapter and expire annually.
- (d) The duties of Fire Sprinkler Inspection Technicians may be carried out as employees of Fire Sprinkler Inspection Contractors or as full-time employees at a manufacturing, government, university or hospital facility. Fire Sprinkler Inspection Technician licenses shall be issued and listed either as sub-licenses of Fire Sprinkler Inspection Contractors or as a Fire Sprinkler Inspection Technician license in the name of the manufacturing, government, or hospital facility where the Fire Sprinkler Inspection Technician is employed.

*History Note: Authority G.S. 87-21
Eff. January 1, 2004
Amended Eff. January 1, 2010; March 1, 2005*

STATE BOARD OF EXAMINERS OF PLUMBING,
HEATING & FIRE SPRINKLER CONTRACTORS - RALEIGH, NC
APPLICATION FOR FIRE SPRINKLER TECHNICIAN EXAMINATION

Please *print* legibly in black ink or type (Applications must include full name and not an initial).

Full Name:

First _____ Middle _____ Last _____

Social Security No. _____ - _____ - _____ Date of Birth _____

(Required)

Home Address:

Street/PO Box _____

City _____ State _____

Zip _____ County _____

Home Phone: _____

Email: _____

Work Address:

Street/PO Box _____

City _____ State _____

Zip _____ County _____

Work Phone: _____

Fax: _____

Home Physical Address: _____

Street

City

State

Zip

Examination Fee \$100.00 per exam and is non refundable

In what specific name will this license be listed? _____
(List the name of the manufacturing, government, university or hospital facility where you are employed or the name of the company where you are employed. If you are employed with a company, the company must have a valid Fire Sprinkler Inspection Contractor license listed in the name of the company before we will issue your license.)

If you are **currently** or were **previously** issued a license by this Board, enter your license number and qualifications: **License number** _____ **Qualification** _____

Have you ever been charged or convicted of a crime (excluding minor traffic violations)? Check one: **Yes** ____ **No** ____
If yes, explain the occurrence(s) on a separate sheet of paper.

Are you presently serving or have you completed any period of incarceration, probation or parole for any misdemeanor or felony? Check one: **Yes** ____ **No** ____ *If yes, explain the occurrence(s) on a separate sheet of paper.*

Authorization for Records Check

All applicants are required to utilize "CastleBranch.com" to obtain a nationwide criminal record report and must attach a paper copy of the background report to this application (instructions attached to this application). Applicants are required to pay the reporting service for the cost of the report. In making this application to the State Board of Examiners of Plumbing, Heating, & Fire Sprinkler Contractors for a license under the provisions of Chapter 87 of the General Statutes of North Carolina and the Rules of the State Board of Examiners, I swear (or affirm) that I am the applicant named herein and that all information provided in connection with this application is true to the best of my knowledge and belief.

Applicant's signature _____

Date _____

Complete the form **ONLY** if your employer is a Licensed Fire Sprinkler Inspection Contractor

CURRENT / PAST NC LICENSED EMPLOYER STATEMENT

NOTE TO LICENSEE VERIFYING EXPERIENCE: As a licensee of this Board, you shall only verify actual experience (number of hours and duties) that this applicant received while working under your license and direct supervision. If you verify experience that was not performed while the applicant was working under your license and direct supervision, or if you verify experience outside the classification of experience obtained while the applicant was working under your license and direct supervision, you the licensee, will be subject to disciplinary action up to and including revocation of your license per G.S. 87-23. In addition, you can also be prosecuted under G.S. 87-25 for giving false or forged evidence to the Board in obtaining a license, punishable as a Class II misdemeanor. After the licensee signs this notarized affidavit verifying the required experience, the employment records (W-2's or 1099's) must be submitted with this application. An applicant may make copies of this form for use in documenting additional experience with other licensees in order to fully and completely document the required minimum hours of experience.

This is to certify that (APPLICANT'S FULL NAME) _____ is/was employed working under my fire sprinkler inspection contractor license and has experience involved in inspection and testing of previously installed fire sprinkler systems, consistent with NFPA-25.

Employment Dates – Start date: _____ End of Employment: _____

Document below the specific and detailed duties this applicant performed while working for your firm.

Percent of the above listed experience (being confirmed) performing NFPA25 inspections: _____%

Percent of the above listed experience (being confirmed) performing other tasks: _____%

Total # of hours employed by your firm performing installations, inspections, service or repairs: _____ hours

Print – Licensee's Name Confirming Experience License # Company Name (if applicable)

Signature of Licensee Confirming Experience Date

STATE OF _____ COUNTY OF _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20_____

NOTARY PUBLIC (Signature and printed name)

(SEAL)

MY COMMISSION EXPIRES _____

Complete the form **ONLY** if your employer is one of the following:
Hospital, Manufacturer, University or Government Agency

2016-07 Form FSIT- E 4-C

APPLICANT EMPLOYMENT HISTORY

This form is required to be completed if by the supervisor of the applicant while the applicant was employed at a hospital, manufacturer, university or government agency. The applicant **must complete this form and attach W-2's and / or 1099's to verify experience.** In completing this form, please document a thorough and concise employment history detailing NFPA-25 inspection experience. You may make photocopies of this form in order to list all of your past employment history that applies.

Note: Attach copies of W-2, 1099's matching time(s) of employment listed on this form.

APPLICANT'S FULL NAME: _____

EMPLOYER NAME: _____ TELEPHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____

DATE'S EMPLOYED: (MONTH/YEAR): Start Date _____ to _____
(Month/Year) (Month/Year)

POSITION'S HELD: _____

SUPERVISOR'S NAME: _____

Detailed description of your duties: _____

Percent of the above listed experience (being confirmed) performing NFPA-25 inspections: _____ %

Percent of the above listed experience (being confirmed) performing other tasks: _____ %

Total hours employed by your firm performing installation, inspection, service or repairs: _____ hours.

Print – Person Confirming Experience Company Name (if applicable)

Signature of Person Confirming Experience Date

STATE OF _____ COUNTY OF _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____,
20_____

NOTARY PUBLIC (Signature and printed name)

(SEAL)

MY COMMISSION EXPIRES _____

Complete the form **ONLY** if your experience cannot be verified by a North Carolina Fire Sprinkler Contractor licensee or the supervisor of a Hospital, Manufacturer, University or Government Agency.

APPLICANT EMPLOYMENT HISTORY

This form is required to be completed if by the supervisor of the applicant while the applicant was employed at a hospital, manufacturer, university or government agency. The applicant **must complete this form and attach W-2's and / or 1099's to verify experience.** In completing this form, please document a thorough and concise employment history detailing NFPA-25 inspection experience. You may make photocopies of this form in order to list all of your past employment history that applies.

Note: Attach copies of W-2, 1099's matching time(s) of employment listed on this form.

APPLICANT'S FULL NAME: _____

EMPLOYER NAME: _____ **TELEPHONE:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____

DATE'S EMPLOYED: (MONTH/YEAR): Start Date _____ to _____
(Month/Year) (Month/Year)

POSITION'S HELD: _____

SUPERVISOR'S NAME: _____

Detailed description of your duties: _____

Percent of the above listed experience (being confirmed) performing NFPA-25 inspections: _____ %

Percent of the above listed experience (being confirmed) performing other tasks: _____ %

Total hours employed by your firm performing installation, inspection, service or repairs: _____ hours.

Print – Person Confirming Experience Company Name (if applicable)

Signature of Person Confirming Experience Date

STATE OF _____ COUNTY OF _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____,
20_____

NOTARY PUBLIC (Signature and printed name)

(SEAL)

MY COMMISSION EXPIRES _____

APPLICANT CHECK LIST

Check to be sure the following is enclosed

- ✓ Completed and signed application including
- ✓ Employment/Experience Forms
- ✓ Work Verification Sheet
- ✓ Book order form (or may be sent prior to application)
- ✓ Check or money order for \$100 made payable to the State Board of Examiners
- ✓ W-2's
- ✓ Certified Background Check – Attach to application
- ✓ Add-Sub-licensee form

Incomplete applications will be returned. A completed application packet must be received in this office and experience forms verified by our staff before you will be approved to sit for the examination.

Mail Completed Application Packet and Application Fee to:

State Board of Examiners of Plumbing, Heating &
Fire Sprinkler Contractors
1109 Dresser Court
Raleigh, NC 27609

***Complete application must be received in the office one week prior to the next available test date to be considered for that date.

THE MOST COMMON REASONS APPLICATIONS ARE RETURNED

1. Correct fees are not included with the application.
2. Applications are not properly signed and notarized
3. Forms are not filled out completely.
4. Wrong application is used.
5. Check is not signed.
6. All forms are not included in packet.



CastleBranch

**Applicant Instructions to Obtain
Certified Back Ground Check For
State Board of Examiners of Plumbing, Heating & Fire Sprinkler Contractors**

The above organization has chosen CastleBranch.com as an approved source for background checks.

CastleBranch.com is a service that allows applicants to order and purchase their own background check directly online. The results of your background check are posted to the CastleBranch.com website in a secure, tamperproof environment. You can view the background check anytime, anywhere online with your secure password. The background check we perform is based on guidelines provided by your organization, so you know you'll get the information you need, all from one source.

To order your background check from CastleBranch.com, please follow the instructions below.

1. [Go to www.CastleBranch.com](http://www.CastleBranch.com)
2. In the Place Order Box, enter package code: **ST46**
3. Enter Personal Information
4. Select a method of payment: Visa, Master Card or money order.

Once your order is submitted, you will receive a password to view the results of your background check. The results will be available in approximately 24-72 hours. Once your background check is complete, your organization will automatically be able to view your background check results. You can also supply the password to anyone else that needs to see your results. Please print a copy of your certified back ground check and include the copy with your application

Must submit copies of all pages of criminal background report with application.

www.CastleBranch.com
Phone: (888)666-7788
info@castlebranch.com



ADD SUBLICENSEE FORM

2016-07

State Board of Examiners of Plumbing,
Heating & Fire Sprinkler Contractors
1109 Dresser Court
Raleigh, NC 27609

Information of licensee to be added

License # _____

Social security # XXX-XX- _____
(last four digits only)

Licensee to be added Full Name: _____

Home Address

Mailing Address: _____
(Street) (City) (State) (Zip)

Physical Address: _____
(Street) (City) (State) (Zip)

Home Telephone Number: (_____) _____ Fax Number: (_____) _____

Business Address

Mailing Address: _____
(Street) (City) (State) (Zip)

Physical Address: _____
(Street) (City) (State) (Zip)

Telephone Number: (_____) _____ Fax Number: (_____) _____

E-mail Address: _____

I wish to have my name and qualifications added to the existing license number _____, which is
issued in the name of _____
(Company Name)

My position with the company will be _____
(Officer, Owner, General Partner or Full-Time Employee)

I acknowledge as the licensee holder that I am completely and fully responsible for all work performed under my license. I understand that I must assure that all permits are secured prior to commencing work; that anyone working under my license will either be on the payroll of the company or they must hold their own license; that all installations performed under my license will be installed in accordance with the minimum standard of the North Carolina Code, the Board's general statutes and rules as well as the prevailing standards in the industry. By signing below I understand that I am required to supervise all work performed under my license and that I am required to sign and execute all

contracts for work performed under my license. I shall immediately notify the Board upon termination of my association with the above company, and then I understand that my individual license will revert to my individual name.

Print – Licensee’s Name & License #

Signature of Licensee

Date

STATE OF _____ COUNTY OF _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20_____

(SEAL)

NOTARY PUBLIC (Signature and printed name)

MY COMMISSION EXPIRES _____

Master Licensee Information

I, _____, hold license number _____ issued as

_____. I wish to add the name and qualification of

license number _____ to my license. His position in the company
(name and license number)

will be _____. I understand _____
(Officer, Partner, Full-Time Employee) (name of licensee to be added)

shall execute all contracts to the extent of his qualifications.

Print – Licensee’s Name & License #

Signature of Licensee

Date

STATE OF _____ COUNTY OF _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20_____

(SEAL)

NOTARY PUBLIC (Signature and printed name)

MY COMMISSION EXPIRES _____



State Board of Examiners of Plumbing, Heating & Fire Sprinkler Contractors

1109 Dresser Court Raleigh, NC 27609

Phone: 919-875-3612 Fax: 919-875-3616

www.nclicensing.org

BOOK ORDER FORM

Name: _____ License #: _____

(If Applicable)

Company Name: _____

Ship To: _____

City: _____ State: _____ Zip: _____

County: _____ Phone: (_____) _____ - _____

Email: _____

(Please provide an email to receive shipment tracking information)

BOOKS	Qty	Price (tax included)	Subtotal	Shipping/Handling	Total
Board Laws and Rules (2016)		X \$10.68		+ 4.32 (per book)	

Shipping Includes Delivery Confirmation
****6 Books or More Call for Shipping****

ALL BOOK SALES ARE FINAL
NO RETURNS - NO REFUNDS - NO EXCHANGES - NO EXCEPTIONS

Mail Completed Form with Payment Payable to "State Board of Examiners":

*State Board of Examiners
1109 Dresser Ct.
Raleigh NC 27609*

Please Allow 5-7 Business Days to Receive Order

THANK YOU FOR YOUR BUSINESS