

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



**APPLICATION PACKET FOR PERSONS
APPLYING TO TAKE QUALIFYING EXAMINATION FOR
THE LIMITED FIRE SPRINKLER MAINTENANCE
TECHNICIAN LICENSE**

All applicants for examination must have the current Laws and Rules book issued by the Board (G.S. Chapter 87, Article 2 and 21 North Carolina Administrative Code Chapter 50) at the time the applicants submits the attached application form for examination. By returning this application for approval, the applicant is stating he/she has all of the required books and is prepared to test.

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

License Requirements:

- Applicants for the Limited Fire Sprinkler Maintenance License must submit evidence of 2000 hours (1 year) experience at the place for which license is sought as a full-time maintenance employee in facility maintenance with exposure to periodic maintenance of fire protection systems.
- Application must be signed by both applicant and employer in appropriate areas and signatures must be notarized.
- License will be issued in the name of the company and the applicant.
- Notice To Employer and Applicant:
In order for the Board to maintain appropriate standards of competence for new licensees, it is imperative that extreme care be exercised in verifying an applicant's experience. The Board reserves the right to review, if necessary, all employment records prior to making a final determination of an applicant's experience.
- **Fire Sprinkler Maintenance Experience Must be Detailed – Specific Duties Must be Listed**
- This is a yearly license and will expire each year on **December 31st**.

Mail Completed application Packet and Examination Fee to:

**State Board of Examiners of Plumbing,
Heating and Fire Sprinklers Contractors
1109 Dresser Ct
Raleigh, NC 27609**

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

FIRE SPRINKLER MAINTENANCE TECHNICIAN

21 NCAC 50 .0301 QUALIFICATIONS DETERMINED BY EXAMINATION

(f) Applicants for license in the Limited Fire Sprinkler Maintenance classification obtain license based on maintenance experience, education and job classification set forth in Rule .0306 and passage of a test administered by the Board.

*History Note: Authority G.S. 87-18; 87-21(a); 87-21(b);
Amended Eff. July 3, 2012*

21 NCAC 50 .0306 APPLICATIONS: ISSUANCE OF LICENSE

(g) Applicants for initial licensure in the Limited Fire Sprinkler Maintenance classification must submit evidence of 2000 hours experience at the place for which license is sought as a full-time maintenance employee in facility maintenance with exposure to periodic maintenance of fire protection systems as described in 21 NCAC 50. 0515 of this Chapter. Applicants who have held maintenance license previously at a different facility are not required to demonstrate experience in addition to the experience at the time of initial licensure but shall submit a new application for the new location at which they wish to be licensed.

History Note: Amended Eff. April 1, 2014.

21 NCAC 50 .0505 GENERAL SUPERVISION AND STANDARD OF COMPETENCE

(c) Work performed under Rule .0513, Rule .0514, and Rule .0515 shall be performed by the licensed technician pursuant to the license held by that person.

*History Note: Authority G.S. 87-18; 87-23; 87-26;
Amended Eff. July 3, 2012*

21 NCAC 50 .0515 LIMITED FIRE SPRINKLER MAINTENANCE TECHNICIAN LICENSE

(a) License in the Limited Fire Sprinkler Maintenance classification is required of the technician who carries out periodic maintenance observation or testing of water-based fire protection systems. Licenses shall be issued based on experience and training, as described in Rules .0301 and .0306 of this Chapter and expire annually. This license is limited to work on the systems at the locations of the employer of the licensee for which experience was demonstrated. Upon termination of employment at the location for which certified, the Limited Fire Sprinkler Maintenance license shall lapse, and a new license shall be obtained for the systems at the new place of employment by compliance with the requirements of Rule .0306 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 Maintenance licensee of the insured, are not required to be licensed pursuant to this Rule.

(b) Persons holding Limited Fire Sprinkler Maintenance license may only:

- (1) Operate and lubricate hydrants and control valves;
- (2) Adjust valve and pump packing glands;
- (3) Bleed moisture and condensation from air compressors, air lines and dry pipe system auxiliary drains;
- (4) Clean strainers;
- (5) Check for painted, damaged or corroded sprinklers, corroded or leaking piping and verify control valves are open;
- (6) Replace painted, corroded or damaged sprinkler head, using identical serial numbers;
- (7) Replace missing or loose hangers;
- (8) Replace gauges;
- (9) Clean water motor gong;
- (10) Perform air compressor maintenance;
- (11) Reset dry pipe valves;
- (12) Exercise fire pumps, not including conduct of a flow measurement test;
- (13) Perform periodic maintenance observation or testing, not including the annual NFPA-25 inspections; or
- (14) Perform repairs other than the foregoing on an emergency basis where necessary to restore a system to operation, provided the holder of the Limited Fire Sprinkler Maintenance license documents his efforts and inability to obtain the services of the holder of a license as an unlimited Fire Sprinkler Contractor prior to performing the repairs, but obtains such services within 72 hours thereafter.

*History Note: Authority G.S. 87-21;
Amended Eff. January 1, 2010; May 1, 2006*

APPLICATION FOR FIRE SPRINKLER MAINTENANCE LICENSE

This application must be fully completed and accompanied by the appropriate fees and required documents. Please print or type. If approved, license should be issued in the following company name: _____

1. Personal Information:

Applicant's Name _____
 (Last) (First) (Middle)

Social Security # _____ Date of Birth _____

Home Mailing Address _____
 (PO Box or Street Address) (City) (State) (Zip)

Home Physical Address _____
 (Street Address) (City) (State) (County) (Zip)

Home Telephone _____
 (Area Code) (Phone Number)

Email: _____

2. Current Employer Information:

Company Name _____

Mailing Address _____
 (PO Box or Street Address) (City) (State) (Zip)

Physical Address _____
 (PO Box or Street Address) (City) (State) (Zip)

Telephone _____ FAX _____
 (Area Code) (Phone Number) (Area Code) (Phone Number)

Examination Schedule and Fees Fire Sprinkler Maintenance Technician

Examination Fee \$100 per exam and is non-refundable

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)?

If yes, explain the occurrence(s) on a separate sheet of paper

Check one: Yes _____ No _____

Are you presently serving or have you completed any period of incarceration, probation or parole for any misdemeanor or felony?

If yes, explain the occurrence(s) on a separate sheet of paper.

Check one: Yes _____ No _____

3. Work Experience

Attach additional sheets if necessary

Must have been employed 2000 hours (1 year) as a full-time employee in facility maintenance with this employer.

Current Employer: Date Employed From _____ To _____
(mm/dd/yyyy) (mm/dd/yyyy)

Type of Business (check one) Manufacturing Hospital/Nursing Facility Gov't University
 Other _____

Please check the type of system(s) you work on at this locate on(s) Wet Dry Deluge Pre-action

Job Description/Title _____

Location(s) of facility where work is performed

***If different from location listed in Item 2 please include street address and city - List separate sheet if necessary

Fire Sprinkler Maintenance Duties **Must Be Detailed & Specific**

3b. Complete ONLY if the employer is a property management or contract maintenance company

Name of Employer: _____

Name of company where applicant works: _____
(If multiple companies please list separately)

How long has applicant worked at this location(s) _____

Is the applicant located at this location(s) full-time? _____ If no, explain

4. Applicant Verification

Your signature (applicant) on this application is your certification that all information is accurate, true and complete.

Signature _____ Date _____

I, _____ a notary public, do hereby certify that he/she personally appeared before me this day and I acknowledged the execution of the foregoing instrument.

Witness my hand and official seal this _____ day of _____ 200_____

(Seal)

(Notary Public)

My Commission Expires _____

5. **THIS SECTION TO BE COMPLETED BY MANAGER OR SUPERVISOR OF APPLICANT.**

I, _____, certify that _____
(Manager/Supervisor) **Print** (Applicant's Name)

is a full time employee of _____ of which I am a supervisor/manager and
(Company Name)

state that _____ shall be present at all times work is being carried out on the system.
(Applicant's Name)

(Manager/Supervisor) **Signature**

I, _____ a notary public, do hereby certify that he/she personally appeared before me this day and I
acknowledged the execution of the foregoing instrument.

Witness my hand and official seal this _____ day of _____ 200 _____

(Seal)

(Notary Public)

My Commission Expires _____

THIS LICENSE IS ONLY VALID WHILE LICENSEE IS EMPLOYED WITH THIS EMPLOYER

**EMPLOYMENT VERIFICATION
Fire Sprinkler Maintenance License**

THIS FORM IS TO BE COMPLETED BY YOUR EMPLOYER
Please Print or Type

Company Name _____

Mailing Address _____
(PO Box or Street Address) (City) (State) (Zip)

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

Certification of Employment

This is to certify that (applicant) _____ is/was employed in the following capacity:

Location where applicant performs work _____
(If several locations list on separate sheet)

Dates Employed: From: _____ To: _____ Full-time employee? ___Y ___N

Job Description/Duties: _____

Fire Sprinkler Maintenance Experience (Please list detailed duties)

Person Confirming Experience (Cannot be Applicant)

I certify that the information above is true, accurate and complete to my personal knowledge.

Name (**Print**) Title/Position

Signature

I, _____ a notary public, do hereby certify that he/she personally appeared before me this day and I acknowledged the execution of the foregoing instrument.

Witness my hand and official seal this _____ day of _____ 20____

(Seal)

(Notary Public)

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 Cost | 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