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);

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;

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
On this application, the Board asks questions about a license applicant’s criminal history. In addition to the questions on this application, the Board may conduct a formal criminal or disciplinary history check. Answering “yes” to any of these questions or having a conviction, disciplinary or adverse employment action is not automatically a basis for denial of licensure.

When an applicant has a criminal conviction, the Board will consider:

1. The level and seriousness of the crime.
2. The date of the crime.
3. The age of the person at the time of the crime.
4. The circumstances surrounding the commission of the crime, if known.
5. The nexus between the criminal conduct and the prospective duties of the applicant as a licensee.
6. The prison, jail, probation, parole, rehabilitation, and employment records of the applicant since the date the crime was committed.
6a. The completion of, or active participation in, rehabilitative drug or alcohol treatment.
7. The subsequent commission of a crime by the applicant.
8. Any affidavits or other written documents, including character references.

If Board staff is unable to approve an application, the applicant has the right to request to have that application heard by the members of the Board. Any such request should be submitted in writing to the Board’s Executive Director. The Board will conduct that hearing pursuant to the North Carolina Administrative Procedure Act and the Board’s own hearing rules. As a result of the evidence presented at that hearing and considering the considerations outlined above, the Board may refuse to grant or may condition a license if it finds any of the grounds for doing so under North Carolina Gen. Stat. § 90-85.38(a).

If the applicant wishes to appeal the Board’s final decision, the applicant may seek review of the decision by filing a petition for judicial review in the Superior Court pursuant to Article 4 of the Administrative Procedure Act, North Carolina Gen. Stat. § 150B-43 et seq.
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 ___________________________ (Area Code) ___________________________ (Phone Number)
   FAX ___________________________ (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**

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
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_________________________
BOOK ORDER FORM

Name: __________________________ License #: ________________

Company Name: __________________________

Ship To: ____________________________________________

City: __________________________ State: ________ Zip: __________

County: __________________________ Phone: (_____) _______ - __________

Email: __________________________

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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