

Certified Water-Based Systems Professional (CWBSBP) Program Application

Email completed application and supporting documents to:
adminsvcs@nfpa.org
NFPA Admin & Support Services
11 Tracy Drive, Avon, MA. 02322



For Internal Use Only

Date Received: _____
Database: _____
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(TYPE OR PRINT ALL INFORMATION; INCOMPLETE APPLICATIONS WILL BE RETURNED)

APPLICANT NAME: _____ (As name will be printed on certificate)

BUSINESS INFORMATION:

Business Name: _____ E-mail: _____

Business Mailing Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Business Phone: _____ Mobile Phone: _____

Work Field / Job Description: Please check the most appropriate box or boxes.

- | | | |
|--|--|---|
| <input type="checkbox"/> Engineer, PE | <input type="checkbox"/> Design Engineer | <input type="checkbox"/> Fire Protection Engineering |
| <input type="checkbox"/> Layout Technician | <input type="checkbox"/> Design Manager | <input type="checkbox"/> Water-Based Systems Designer |

Job Title (if other than above) _____

HOME INFORMATION:

Home Mailing Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Home Phone: _____ Mobile Phone: _____ Home E-mail: _____

Note: The CWBSBP exam is available on demand as a computer-based test at assessment centers throughout the world. Upon receipt of this CWBSBP program application and your test fee, the NFPA will e-mail your authorization letter with instructions on how to schedule the computer-based exam. A list of computer-based test centers is located at the test administrator's website at www.isoqualitytesting.com.

Please attest to one of the following:

I have attained the minimum of a high school diploma or equivalent education and have five years of verifiable work experience related water-based systems. COPY OF RESUME REQUIRED

I have attained a Bachelor's degree in engineering, technology, or other related discipline from an accredited college or university and have four years of verifiable work experience related water-based systems. COPY OF DIPLOMA AND RESUME REQUIRED

I, _____, certify that all information contained in this application, is accurate and truthful, to the best of my knowledge, and that I am aware that any false entry will be considered sufficient cause for revocation of my certification at any time during the certification term. I agree to be bound by and to adhere to all written policies and procedures of the certification program to which I am herewith applying, and I understand that at any time during the term of certification any improper conduct on my behalf will result in my certification being revoked. I understand that the certification examination that I will take as prerequisite to certification is confidential and is protected by federal copyright and other intellectual property and trade secret laws. I understand and agree that I will strictly preserve the confidentiality of the examination and that I am prohibited from copying or distributing the examination or from transmitting information regarding examination questions or content in any form, written or oral, to any person or entity. I further understand that my failure to comply with this prohibition may result in my certification being permanently revoked and/or legal action being taken against me. I agree to accept the decision of the NFPA as to my eligibility for certification. I authorize verification of all information in this application. I also hereby release the NFPA and all of its agents, employees, officers, directors, heirs, and assigns from any liability arising whatsoever from or in connection with any action taken or decision made with regard to the awarding, suspension or revocation of my certification. I acknowledge and agree that the NFPA shall have the right to revoke or invalidate any examination score, with or without finding of fault or misconduct on my part, if data forensic analysis or other credible evidence establishes a reasonable possibility that a score is not valid or that the integrity or security of the examination was compromised.

SIGNATURE: _____ DATE: _____

Electronic signature agreement: In lieu of signature, you agree that typing your name on the line above is the legal equivalent of your manual signature on this application.

IMPORTANT: When emailing this application to NFPA, you must use the NFPA secure email server at <https://web1.zixmail.net/s/welcome.jsp?b=nfpa>. Once you access this server and create your NFPA secure email account, you should select OTHER from the "To" pull-down list, and then enter admins@nfpa.org in the address box. Complete the email process by attaching your personal documentation and clicking "Send."

\$350 (USD) Testing Fee

Total Amount Enclosed \$ _____

Check (Please make checks payable to NFPA Certification Department)

Credit Card: MasterCard VISA Discover American Express

Credit Card # : _____ Card Exp. Date: _____

Name on Card: _____ Signature: _____

Electronic signature agreement: In lieu of signature, you agree that typing your name on the line above is the legal equivalent of your manual signature on this application. By selecting the credit card button above and entering your name in the signature block, you authorize NFPA to charge your credit card the applicable fee(s).

Note: The 2016 editions of NFPA 13, *Automatic Sprinkler Systems Handbook*, NFPA 13, *Standard for the Installation of Sprinkler Systems*, NFPA 13D, *Standard for the Installation of Sprinkler Systems in One- and Two-Family Dwellings and Manufactured Homes*, NFPA 13R, *Standard for the Installation of Sprinkler Systems in Low-Rise Residential Occupancies*, NFPA 14, *Standard for the Installation of Standpipe and Hose Systems*, NFPA 20, *Standard for the Installation of Stationary Pumps for Fire Protection*, and the 2018 edition of NFPA 22, *Standard for Water Tanks for Private Fire Protection* are available for ordering through the NFPA printed catalog, on the Web at www.nfpa.org/catalog, or by phone at 1-800-344-3555.

Name _____ Date _____

2 of 2

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