

# FIRE SPRINKLER – GAS EXTINGUISHER – WET/DRY CHEMICAL EXAM

DEPARTMENT OF BUILDING & SAFETY  
555 SOUTH 10<sup>TH</sup> ST, ROOM 203  
CITY OF LINCOLN, NE 68508-3995  
[Building & Safety Website](#)

## QUALIFICATIONS NECESSARY TO TAKE THE EXAM

### JOURNEYMAN

The applicant for a Fire Sprinkler, Gas Extinguisher or Wet/Dry Chemical Registration certificate shall have **at least four (4) years of practical experience** in the design, layout, construction and/or installation of Fire Sprinkler, Gas Extinguisher or Wet/Dry Chemical materials and equipment.

An applicant, *while regularly employed* by a person, firm or corporation regularly engaged in the installation of Fire Sprinkler, Gas Extinguisher or Wet/Dry Chemical equipment and **registered as an apprentice**, shall receive one (1) year practical experience credit for each year of full time employment. The practical experience credited for *part-time employment* and applicants working for a person, firm or corporation in part-time Fire Sprinkler, Gas Extinguisher or Wet/Dry Chemical installations shall be determined by the Board.

An applicant *graduating from a four(4)-year engineering course* of an accredited College or University will receive two (2) years of practical experience credit required above.

An applicant *completing a course of study*, approved by the Board, in the design, construction and installation of Fire Sprinkler, Gas Extinguisher or Wet/Dry Chemical will receive one (1) year of practical experience credit required above.

A *professional mechanical engineer registered in the State of Nebraska*, will receive three (3) years of practical experience credit required above.

The Fire Sprinkler, Gas Extinguisher or Wet/Dry Chemical education and training received from military service, extension courses, adult education classes, etc., *may* account for practical experience credit at the discretion of the board.

### CONTRACTOR

The applicant for a Fire Sprinkler, Gas Extinguisher, or Wet/Dry Chemical Contractor certificate shall be the holder of a valid City of Lincoln Fire Sprinkler, Gas Extinguisher, or Wet/Dry Chemical Journeyman certificate for at least one (1) year or shall be a graduate Mechanical Engineer from an accredited College or University and have at least two (2) years practical experience in the planning, layout, supervising and installing of Fire Sprinkler, Gas Extinguisher or Wet/Dry Chemical equipment or shall be a registered professional Mechanical Engineer in the State of NE.

### TRANSFER

An applicant holding a valid Journeyman or Contractor/Master Fire sprinkler, Gas Extinguisher or Wet/Dry Chemical License or Certificate, *received by examination* from another state or Municipal Governmental agency, shall be entitled to take the equivalent respective City of Lincoln Journeyman or Contractors examination without submitting any additional qualifications.

# **FIRE SPRINKLER – GAS EXTINGUISHER – WET/DRY CHEMICAL EXAM**

**DEPARTMENT OF BUILDING & SAFETY  
555 SOUTH 10<sup>TH</sup> ST, ROOM 203  
CITY OF LINCOLN, NE 68508-3995  
Main: 402-441-7521 Fax: 402-441-8214**

## **EXAM SCHEDULE**

Fire sprinkler, Gas Extinguisher & Wet/Dry Chemical Exams shall be given on the third Thursday of February, May, August and November.

## **TIME & PLACE OF EXAM**

The exam will be held at 8:00 a.m. at:

**County-City Building  
555 S. 10th  
(Building & Safety Dept, Room 203)  
Lincoln NE 68508**

## **THE EXAM**

The Fire Sprinkler, Gas Extinguisher & Wet/Dry Chemical Exams shall consist of **at least two (2) parts** of *questions, calculation, drawings and problems* from the appropriate **NFPA standards & the Lincoln Municipal (Fire suppression) Code (Chapter 24.01)**. The exam shall be completed **within three (3) hours**.

## **BRING TO EXAM**

Appropriate NFPA Pamphlet

## **GRADING**

The applicant shall correctly answer at least sixty-five percent (65%) of the questions on each part of the exam and shall receive a composite grade of at least seventy-five percent (75%) on the total exam to pass and receive the respective Registration Certificate.

## **DEADLINE**

Exam Fee and completed Application shall be submitted **at least two (2) weeks** prior to the exam date.

**If you have any questions call:**

**Fire Prevention Section (402) 441-7791**

# EXAMS

Receipt # \_\_\_\_\_

Date: \_\_\_\_\_

**DEPARTMENT OF BUILDING & SAFETY  
555 SOUTH 10<sup>TH</sup> STREET, ROOM 203,  
LINCOLN, NE 68508**

*\*\*If you are retaking an exam within 6 months of your first exam, you may stop after the "Application for:" section\*\**

NAME \_\_\_\_\_  
(Type or Print)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

## Application for:

- Please check one -

### ELECTRICAL EXAM

Master \$50.00  
Journeyman \$50.00  
Maintenance \$50.00

### DECO FIREPLACE/GAS LOG EXAM

Contractor \$50.00  
Installer \$50.00

### HVAC EXAM

Master Contractor \$150.00  
Journeyman Tech \$100.00

### PLUMBING EXAM

Master \$208.00  
Journeyman \$183.00

### GAS FITTER EXAM

Master \$50.00  
Journeyman \$50.00

### WATER CONDITIONING EXAM

Contractor \$30.00  
Installer \$30.00

### FIRE SPRINKLER EXAM

Contractor \$40.00  
Journeyman \$40.00

### GAS EXTINGUISHER EXAM

Contractor \$40.00  
Journeyman \$40.00

### WET/DRY CHEMICAL EXAM

Contractor \$40.00  
Journeyman \$40.00

- If you are **retaking** an exam *within 6 months* of your *first exam*, you may stop here -

List appropriate **LICENSES or CERTIFICATES** issued to you by other governmental agencies:

1. Type: \_\_\_\_\_ Issued by: City ~ State ~ (Check one)

Exam Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Year) Registration #: \_\_\_\_\_

2. Type: \_\_\_\_\_ Issued by: City ~ State ~ (Check one)

Exam Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Year) Registration #: \_\_\_\_\_

### EMPLOYMENT

1. Present: \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Owner's/Supervisor's Name \_\_\_\_\_

Employed from \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Year) to Present Type of Work \_\_\_\_\_

2. Previous: \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Owner's/Supervisor's Name \_\_\_\_\_

Employed from \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Year) to \_\_\_\_/\_\_\_\_/\_\_\_\_ Type of Work \_\_\_\_\_

3. Previous: \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Owner's/Supervisor's Name \_\_\_\_\_

Employed from \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Year) to \_\_\_\_/\_\_\_\_/\_\_\_\_ Type of Work \_\_\_\_\_

3. Previous: \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Owner's/Supervisor's Name \_\_\_\_\_

Employed from \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Year) to \_\_\_\_/\_\_\_\_/\_\_\_\_ Type of Work \_\_\_\_\_

## EDUCATION

College / University \_\_\_\_\_ City, State \_\_\_\_\_

Type of Course \_\_\_\_\_ Degree \_\_\_\_\_ Year Completed \_\_\_\_\_

### Course completed appropriate to application:

1. Name of School \_\_\_\_\_ City, State \_\_\_\_\_

Type of Course \_\_\_\_\_ Started \_\_\_\_\_ Completed \_\_\_\_\_  
Date Date

2. Name of School \_\_\_\_\_ City, State \_\_\_\_\_

Type of Course \_\_\_\_\_ Started \_\_\_\_\_ Completed \_\_\_\_\_  
Date Date

3. Name of School \_\_\_\_\_ City, State \_\_\_\_\_

Type of Course \_\_\_\_\_ Started \_\_\_\_\_ Completed \_\_\_\_\_  
Date Date

## EXPERIENCE

List Two MAJOR PROJECTS that you have worked on within the past year:

1. Name \_\_\_\_\_ Address \_\_\_\_\_

Type of Work \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_

Type of Work \_\_\_\_\_

List PROJECTS you have worked on in the PREVIOUS THREE YEARS:

1. Name \_\_\_\_\_ Address \_\_\_\_\_

Type of Work \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_

Type of Work \_\_\_\_\_

3. Name \_\_\_\_\_ Address \_\_\_\_\_

Type of Work \_\_\_\_\_

4. Name \_\_\_\_\_ Address \_\_\_\_\_

Type of Work \_\_\_\_\_

List below any ADDITIONAL INFORMATION or WORK EXPERIENCE that may be valuable to the Board of Examiners:

---

---

---

---

---

---

---

I hereby grant permission the Board of Examiners to contact employers, schools or individual persons named on this application for verification of the information submitted. False information submitted will be *grounds to void* the application or *revoke* a Certificate issued.

---

Signature of Applicant