



ICC Contractor/Trades Examination Program
Request for Optional Services

Exam Candidate Information—PRINT LEGIBLY

Full Legal Name:
Mailing Address: City: State: ZIP:
Business Telephone Number Home Telephone Number Fax Number
Email:
Examination Passed: Date Passed:

I have a copy of the current ICC National Contractor/Trades Examination Information Bulletin. (If you do not have a copy of the Bulletin, go to www.iccsafe.org/contractor or call: 1-888-422-7233 ext. 5524.)

OPTIONAL SERVICES AND FEES

Please check the service(s) you are requesting.

- Transfer an examination \$15.00
Resend result letter \$20.00
FedEx \$35.00
Certificate of Achievement \$17.95

PLEASE NOTE: Requests may take 5-7 business days for processing and verification of candidate records.

FOR TRANSFER ONLY:

Original exam location:
Original exam date:
Original exam type:
Rescheduled exam location:
Rescheduled exam date:
Rescheduled exam type:

The front and back of this application must be completed to process.

OFFICE USE ONLY
Candidate ID: Requirements met: Date processed: Initials:

FOR RESULT LETTER:

Location of exam: _____

Date of exam: _____

Exam type: _____

Important Notes

- Only passing candidates may request a Certificate of Achievement.
- Applications must be completed in their entirety in order to be processed.
- Fees are non-refundable. Exceptions are outlined in the Information Bulletin.
- You must pay the fee for each service requested.

Full payment must be submitted with all applications. Total Amount: \$ _____

Method of Payment Provided: Check/Money Order Visa MasterCard American Express Discover
(Payable to ICC)

Name as it appears on credit card: _____ Signature: _____

Credit Card Number	Expiration Date		CVV*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Month	Year	

*Visit <https://www.cvvnumber.com/cvv.html> for information regarding the CVV code.

I hereby certify that I am the person indicated above, that all the information I have given herein is true and complete to the best of my knowledge, and that any false statement will be cause for voiding this application.

Signature: _____ Date: _____

Printed Name: _____

Return this completed application in its entirety along with the appropriate fees to:

**International Code Council
 Assessment Center
 900 Montclair Road
 Birmingham, Alabama 35213-1206
 Fax: 205-905-7096**

OFFICE USE ONLY	Candidate ID: _____	Requirements met: _____	Date processed: _____	Initials: _____
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