



Eastern States Building Officials Federation
Special Examination Administration Application

Testing Address:

Newport Harbor Hotel
49 Americas Cup Avenue
Newport, RI 02840

EXAM DATE

April 12, 2017

DEADLINE TO REGISTER

March 10, 2017

Exam Candidate Information—PRINT LEGIBLY

ALL FIELDS BELOW REQUIRED EXCEPT AS NOTED.

Full Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

( ) ( ) ( )
Primary Telephone Number: Home Work Secondary Number (optional) Fax Number (optional)

E-mail: \_\_\_\_\_

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

Important Notes

- Applications may be submitted by U.S. mail, courier, or facsimile.
Applications must be received by the deadline date.
Examination fees are non-refundable. Exceptions are outlined in the Information Bulletin.
A photo identification, such as a driver's license, will be required for admittance to the examination.
References needed for taking the exams can be purchased from the Code Council by calling 1-800-786-4452 or at www.iccsafe.org/store.
If you have a physical disability that prohibits you from taking an examination under standard conditions, you may request special arrangements. Your letter of request must accompany this application, along with a completed special accommodations form. This form may be obtained by telephoning us at 1-888-422-7233. The request must be submitted and approved by the Code Council no later than March 10, 2017.

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 and/or subsequent certification.

I acknowledge receipt of the Code Council Certification Code of Ethics (located in the Information Bulletin and at www.iccsafe.org/inspector) and agree to comply with these professional standards for the term of my active certification. I agree that failure to comply with these standards may be cause for suspension or revocation of my certification.

I further certify that I understand the secure and confidential nature of the examination, and will not reveal the contents of the examination to anyone. I hereby affirm that I will abide by the rules of the examination that are found in the Code Council National Examination Information Bulletin.

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

Printed Name: \_\_\_\_\_

Return this completed application in its entirety along with the appropriate fees to:
International Code Council
Certification & Testing Department
900 Montclair Road
Birmingham, Alabama 35213-1206
Fax: 205-599-9884

Both pages of this application must be completed to process.

