



# Certification Examination Program Fee Schedule for Optional Services

**Exam Candidate Information—PRINT LEGIBLY**

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

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 Business Telephone Number Home Telephone Number Fax Number

Email : \_\_\_\_\_

**OPTIONAL SERVICES AND FEES**

Please check the service(s) you are requesting.

- Resend result letter** **\$20.00**  
 (Request a copy of your original result letter—paper-and-pencil administration only; computer-based testing result given to candidate by Pearson VUE only)
- Wallet card** **\$20.00**  
 (Request a wallet-size identification card)
- FedEx** **\$35.00**  
 (Overnight of result letter, wallet card, or certificate; charge in addition to option chosen above)

**PLEASE NOTE: Requests for copies or duplicates of your wallet card may take 5-7 business days for processing and verification of candidate records.**

**FOR RESULT LETTER:**

Location of exam: \_\_\_\_\_

Date of exam: \_\_\_\_\_

Exam type: \_\_\_\_\_

**FOR WALLET CARD:**

Certification constituent ID: \_\_\_\_\_

Exam type: \_\_\_\_\_

**Important Notes**

- 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.

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

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

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

Name as it appears on credit card: \_\_\_\_\_ Signature: \_\_\_\_\_

Credit Card Number

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Expiration Date

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CVV\*

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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: \_\_\_\_\_