



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.

- Transfer an examination** **\$50.00**
(Transfer of a paper-and-pencil examination; must be received by ICC no later than one day prior to scheduled exam)
- 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)
- Wall certificate** **\$20.00** for 1 certificate
(Request an 8-1/2" x 11" certificate) **\$30.00** for 2-5 certificates
\$40.00 for 6-10 certificates
\$50.00 for 11-20 certificates
\$60.00 for 21+ certificates

(Request a ProBoard-stamped certificate—must have passed a Fire Inspector I or Fire Inspector II exam on or after January 1, 2013) No charge
- 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 and/or certificate 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.** —————

FOR RESULT LETTER:

Location of exam: _____

Date of exam: _____

Exam type: _____

FOR WALLET CARD OR CERTIFICATE:

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.

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*																						
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	Month	Year																						

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**

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

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