STEP 1: Enter your name, address, and other candidate information.

Exam Candidate Information—PRINT LEGIBLY

Full Legal Name: ___________________________________________________________________________________________________________

Mailing Address: _______________________________________________ City: _________________________ State: ______ ZIP: ______________

(____)  ___________________________________________      (____)  ___________________________  (____)  ____________________________

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

E-mail: ___________________________________________________________________________________________________________________

STEP 2: Select your exam date and site at which you wish to test.

ICC NATIONAL CERTIFICATION EXAMINATION SITES AND CORRESPONDING EXAMINATION DATES
(Sites are subject to change)

□ 014 Birmingham, AL  □ 015 Charleston, SC  □ 065 Columbus, OH  □ 077 Fairhope, AL
□ 008 Macon, GA  □ 086 St. Louis, MO  □ 034 New Orleans, LA  □ 5174 Bay Area, CA
□ 022 Lawrenceville, GA  □ 039 New Orleans, LA  □ 090 Vicksburg, MS  □ 087 Crystal Lake, IL
□ 027 Columbia City, IN  □ 083 Meadville, PA  □ 020 Vicksburg, MS  □ 001 San Marcos, TX
□ 088 Columbia City, IN  □ 065 Columbus, OH  □ 0572 Trenton, NJ  □ 072 Conway, SC
□ 5176 St. Louis, MO  □ 039 New Orleans, LA  □ 027 Columbia City, IN  □ 021 Sulphur Springs, TX

EXAM DATES                DEADLINE TO REGISTER
□ March 10, 2018           January 26, 2018
□ June 9, 2018             April 27, 2018

STEP 3: Select the code year on which you wish to test. (Select only one.)

□ 2009 CODE YEAR  □ 2012 CODE YEAR  □ 2015 CODE YEAR

Note: Not all exams are available on all code years.
See the exam catalog for exceptions at www.iccsafe.org/certification-exam-catalog/

STEP 4: Read the Important Notes section.

Important Notes
• Applications may be submitted by U.S. mail, courier, facsimile, or email at certexam@iccsafe.org.
• Applications must be postmarked by the deadline date. Late applications must be pre-approved by the Code Council and submitted with full payment, including the additional $85.00 late fee.
• Examination fees are non-refundable. Exceptions are outlined in www.iccsafe.org/paper-pencil-exams-how-to-schedule
• 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 1-888-422-7232 or at shop.iccsafe.org.
• A letter will be forwarded to you confirming this registration approximately two weeks prior to the examination administration date.
• 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 1-888-422-7232. The request must be submitted and approved by the Code Council 3 months prior to the desired test/administration date.

Both pages of this application must be completed to process.

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: _________
Starting Time 8:00 a.m.  

**STEP 5:** Select the exam(s) you wish to take.

**SELECT ONLY ONE**

- B1 Residential Building Inspector $209
- B3 Residential Plans Examiner $209
- E1 Residential Electrical Inspector $209
- M2 Commercial Mechanical Inspector $209
- M3 Mechanical Plans Examiner $209
- R1 Residential Plumbing Inspector $209
- R3 Residential Plans Examiner $209
- E1 Residential Electrical Inspector $209
- M2 Commercial Mechanical Inspector $209
- M3 Mechanical Plans Examiner $209
- R1 Residential Plumbing Inspector $209
- R3 Residential Plans Examiner $209

Starting Time 10:30 a.m.

**SELECT ONLY ONE**

- B2 Commercial Building Inspector $209
- B3 Building Plans Examiner $209
- E2 Commercial Electrical Inspector $209
- E3 Commercial Plans Examiner $209
- M1 Residential Mechanical Inspector $209
- R2 Residential Mechanical Inspector $209
- R4 Residential Mechanical Plans Examiner $209
- C1 Code Specialist $139
- CS Code Specialist $139
- FC Fire Codes and Standards $139
- BC Building Codes and Standards $139

**STEP 6:** Enter your billing information.

**Billing Information**

Name: ________________________________

Mailing Address: ________________________________

City: __________________ State: _______ ZIP: ________

(____) ____________________ (____) ____________________

Business Telephone Number Fax Number

**Full payment must be submitted with all applications.**

Total Amount: $_____

Method of Payment Provided:  □ Check/Money Order  □ Visa  □ MasterCard  □ American Express  □ Discover  □ Bill to ICC account number: _____________

Name as it appears on credit card: ________________________________

Signature: ________________________________

Credit Card Number CVV* Expiration Date:

[________] [________] [________]

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

**STEP 7:** Sign your application, attesting all information entered is true.

I agree to the following terms:

I understand and agree that my failure to provide accurate and complete information or abide by ICC's policies and procedures, including the Code of Ethics, shall constitute grounds for the rejection of my application, or denial or revocation of my certification.

I understand that ICC reserves the right to verify any information in this application or in connection with my certification.

I consent to ICC's release of any information regarding this application and my examination administration to third parties, consistent with ICC's Records policy.

I also agree to be bound by all ICC policies and procedures, as they may be amended from time to time, including without limitation those posted at iccsafe.org.

I understand that if at any point during my certification period I fail to meet any of the requirements outlined above, or if matters arise that can affect my capability to continue to fulfill certification requirements, I must report it to ICC immediately and agree to cooperate with any subsequent investigation regarding such matters.

Signature: ________________________________ Date: __________________

Printed Name: ________________________________________________