Paper-and-Pencil Certification Examination Application
EXAMS BASED ON 2009, 2012 or 2015 CODE CYCLE

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  □ 086 Columbia City, IN  □ 5172 Trenton, NJ  □ 072 Conway, SC  □ 001 San Marcos, TX
□ 077 Fairhope, AL  □ 079 Indianapolis, IN  □ 5205 Bethlehem, PA  □ 1059 Bell Buckle, TN  □ 021 Sulphur Springs, TX
□ 5174 Bay Area, CA  □ 034 New Orleans, LA  □ 083 Meadville, PA  □ 018 Gallatin, TN  □ 1029 Sutton, WV
□ 022 Lawrenceville, GA  □ 5176 St. Louis, MO  □ 086 Williamsport, PA  □ 039 Memphis, TN
□ 008 Macon, GA  □ 5190 Gulfport, MS  □ 013 Charleston, SC  □ 010 La Porte, TX
□ 087 Crystal Lake, IL  □ 046 Vicksburg, MS  □ 020 Columbia, SC

EXAM DATES               DEADLINE TO REGISTER               EXAM DATES               DEADLINE TO REGISTER
□  March 11, 2017  January 27, 2017
□  October 27, 2017

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 National Certification Exam Information Bulletin—P&P for exceptions.

STEP 4: Read the Important Notes section.

Important Notes
• Applications may be submitted by U.S. mail, courier, fax, or online at www.iccsafe.org/exams.
• 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 the Information Bulletin.
• A photo identification, such as a driver’s license, will be required for admittance to the examination.
• 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 1-888-422-7233. 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
Certification & Testing Department
900 Montclair Road
Birmingham, Alabama 35213-1206
Fax: 205-599-9884

Candidate ID: _____________________________       Requirements met: _________       Date processed: _______________________
Initials: _________
STEP 5: Select the exam(s) you wish to take.

Starting Time 8:00 a.m.

SELECT ONLY ONE

□ B1 Residential Building Inspector
□ R3 Residential Plans Examiner
□ E1 Residential Electrical Inspector
□ M2 Commercial Mechanical Inspector
□ M3 Mechanical Plans Examiner
□ P1 Residential Plumbing Inspector
□ P3 Plumbing Plans Examiner
□ 66 Fire Inspector I
□ 79 Residential Energy Inspector/Plans Examiner
□ 64 Property Maintenance and Housing Inspector
□ GC IgCC Inspector/Plans Examiner w/ASHRAE 189
□ CS Code Specialist
□ MM Management Module
□ FC Fire Codes and Standards
□ BC Building Codes and Standards

$199

Starting Time 10:30 a.m.

SELECT ONLY ONE

□ B2 Commercial Building Inspector
□ B3 Building Plans Examiner
□ E2 Commercial Electrical Inspector
□ E3 Electrical Plans Examiner
□ M1 Residential Mechanical Inspector
□ P2 Commercial Plumbing Inspector
□ 67 Fire Inspector II
□ F3 Fire Plans Examiner
□ 78 Commercial Energy Plans Examiner
□ 77 Commercial Energy Inspector
□ 14 Permit Technician
□ 75 Zoning Inspector
□ 21 Accessibility Inspector/Plans Examiner
□ MG Legal Module

$199

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 Expiration Date: Month Year

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

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

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: __________________________________________________________________________