APPLICATION
ICC Contractor Examination Services
Request for ID Card—Nevada

Candidate Information—PRINT LEGIBLY

Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

(____) _____ (____) _____ (____) _____
Business Telephone Number Home Telephone Number Fax Number

E-mail: _____

Card ID Number: _____ Expiration Date: _____

□ I have passed a Clark County, Nevada examination through ICC and wish to obtain an ID card ($10.00 charge).
□ I have passed a Reno, Nevada examination through ICC and wish to obtain an ID card ($10.00 charge).
□ I need a replacement ID card ($30.00 charge)

PLEASE NOTE: Requests for an ID card may take 6-8 weeks for processing and verification of candidate records.

Important Notes

- Only passing candidates may obtain an ID card.
- Applications may be submitted by U.S. mail or courier. Applications must be completed in their entirety in order to be processed.
- **Along with this application fee, you must submit two (2) passport-sized photos and a copy of your driver's license for your ID card to be processed.**
  - ⇒ **PLEASE WRITE YOUR NAME LEGIBLY ON THE BACK OF EACH PHOTO, IN BLUE OR BLACK BALLPOINT PEN.**
  - ⇒ **You may also send passport photos or scan and email them to certexams@iccsafe.org.**
- Once your application has been processed, you will be mailed your ICC card within 6-8 weeks.
- Fees are non-refundable. Exceptions are outlined in the Examination Information Bulletin.

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

Expiration Date: Month | Year

CVV*

*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 try and complete to the best of my knowledge, and that any false statement will be cause for voiding this application.

Signature: _____ Date: _____

Return this completed application in its entirety along with the appropriate fees and documentation to:

International Code Council
Assessment Center
900 Montclair Road
Birmingham, Alabama 35213-1206

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