Replacement Wallet Card

PLEASE NOTE: Requests for replacement wallet card may take 8-10 weeks for processing.

Exam Candidate Information—PRINT LEGIBLY

Name: _____

Street Address: _____ City: _____ State: _____ ZIP: _____

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

Email : _____

Wallet Card Verification

ICC Record ID: _____

Replacement Card Fee : $30.00

PAYMENT AUTHORIZATION

For your security, the Assessment Center elects to collect credit card information via telephone. If paying by credit card, please provide name on credit card and signature to authorize the purchase. If paying by check, mail to the address below. If paying by check, mail to the address below.

Name as it appears on credit card: _____

Signature: _____

Return this completed application in its entirety along with the fee to:

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

Email: customersuccess@iccsafe.org

OFFICE USE ONLY—DO NOT COMPLETE

Candidate ID_____ Requirements Met _____ Date Processed:_____ Initials_____

Last Updated: 11.19.2019
Version: 2.5