



CHANGE OF CANDIDATE INFORMATION RECORD

(PLEASE PRINT CLEARLY OR TYPE IN THE FILLABLE FIELDS BELOW)

Please allow between 24 - 48 Hours to process this application.

TYPE OF CHANGE (check all that apply):

If submitting a Name Change, you must submit a copy of legal documentation along with this form.

Name

Mailing Address

Email Address

Name: _____
First MI Last

Certification Number: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Previous Name (if applicable): _____
First MI Last

Previous Address (if applicable): _____

City: _____ State: _____ ZIP: _____

Previous Email Address (if applicable): _____

Public Information Preferences

Please mark "X" on how you prefer your address and phone number(s) to appear on the Certification Roster, listed to the public on our website.

Do you want your mailing address listed? _____ Yes _____ No

Do you want your phone number(s) listed? _____ Work _____ Evening _____ All _____ None

Address above is: _____ Home _____ Work

Above changes to be made to: _____ Certification _____ Membership _____ Both

By signing and submitting this form, I confirm that all of the information provided is accurate and true. I authorize the International Code Council to update my information and list any indicated information on the Code Council website.

Signature: _____ Date: _____

Printed Name: _____

Mail completed form and documentation to:

International Code Council
Eastern Regional Office
900 Montclair Road
Birmingham, AL 35213

Or email this form and attached documents to:

askac@iccsafe.org

OFFICE USE ONLY

Candidate ID: _____ Requirements met: _____ Date processed: _____ Initials: _____