



New Jersey Fire Special Examination Administration Application

TESTING LOCATION:

OCEAN COUNTY FIRE & EMS TRAINING CENTER
200 Volunteer Way, Waretown, NJ 08758
Site Code: 5186

EXAM DATE

DEADLINE TO REGISTER

December 13, 2014 8:00 a.m.

October 31, 2014

ICC NATIONAL CERTIFICATION EXAMINATION AND FEE

66 Fire Inspector I

Based on 2006 International Codes

\$180

Exam Candidate Information—PRINT LEGIBLY

ALL FIELDS BELOW REQUIRED EXCEPT AS NOTED.

Full Legal Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

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

E-mail: _____

Important Notes

- Applications may be submitted by U.S. mail, courier, or facsimile.
- 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.
- References needed for taking the exams can be purchased from the Code Council by calling 1-800-786-4452 or at www.iccsafe.org/store.
- 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 no later than **October 31, 2014**.

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/exams or call: 1-888-422-7233, ext. 5524.)

————— **Both pages of this application must be completed to process.** —————

Billing Information

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

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

Code Council Member Number: _____

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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

I hereby certify that I am the person indicated above, that all the information I have given herein is true and complete to the best of my knowledge, and that any false statement will be cause for voiding this application and/or subsequent certification.

I acknowledge receipt of the Code Council Certification Code of Ethics (located in the Information Bulletin and at www.iccsafe.org/inspector) and agree to comply with these professional standards for the term of my active certification. I agree that failure to comply with these standards may be cause for suspension or revocation of my certification.

I further certify that I understand the secure and confidential nature of the examination, and will not reveal the contents of the examination to anyone. I hereby affirm that I will abide by the rules of the examination that are found in the Code Council National Examination Information Bulletin.

Signature: _____ Date: _____

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

OFFICE USE ONLY

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