

## New Jersey Fire Special Examination Administration Application

## **TESTING LOCATION:**

MORRIS COUNTY FIREFIGHTER AND POLICE TRAINING ACADEMY 500 West Hanover Avenue, Parsippany, NJ 07950 Site Code: 5179

**EXAM DATE** 

**DEADLINE TO REGISTER** 

June 14, 2014 8:00 a.m.

May 02, 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)				
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 <a href="www.iccsafe.org/store">www.iccsafe.org/store</a>.
- 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 **May 2, 2014.**

<ul> <li>I have a copy of the current ICC National Certification Examination Information Bulletin.</li> </ul>
(If you do not have a copy of the Bulletin, go to <a href="www.iccsafe.org/exams">www.iccsafe.org/exams</a> 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:		
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Table Assessed				
Full payment must be submitted with all applications.  Total Amount:: \$				
Method of Payment Provided:   □ Check/Money Order  □ Visa  □ MasterCard  (Payable to ICC)	d □ American Express	□ Discover		
Name as it appears on credit card:				
Circohyra				
Signature:		<del></del>		
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 <a href="www.iccsafe.org/inspector">www.iccsafe.org/inspector</a> ) 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.				
nature:Date:				

OFFICE USE ONLY			
Candidate ID:	Requirements met: D	Date processed:	Initials: