

New Jersey Fire Special Examination Administration Application

TESTING LOCATION:

MIDDLESEX COUNTY FIRE ACADEMY 1001 Fire Academy Drive, Sayreville, NJ 08872 Site Code: 5185

EXAM DATE

DEADLINE TO REGISTER

September 13, 2014 8:00 a.m.

August 01, 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 <u>www.iccsafe.org/store</u>.
- 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 **August 1, 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. -

Dilling Information			
Billing Information			
Name:			
Mailing Address:			
City:	State:	Zip:	
() ()			
() () Business Telephone Number Fax Number			
Code Council Member Number:			
Full payment must be submitted with all applications. Total Amount:: \$			
		Discours	
Method of Payment Provided: Check/Money Order Visa MasterCard (Payable to ICC)	American Express		
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 here and that any false statement will be cause for voiding this application and/or subsequent certi-		ne best of my knowledge,	
I acknowledge receipt of the Code Council Certification Code of Ethics (located in the Informa and agree to comply with these professional standards for the term of my active certification.			
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 w one. I hereby affirm that I will abide by the rules of the examination that are found in the Code			
-			
Signature:Da	ate:		
	4h		
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			
- ux. 200 000-			
OFFICE USE ONLY			
Candidate ID: Requirements met: Date process	ed:	_ Initials:	