

New Jersey Fire Special Examination Administration Application

TESTING LOCATION:

BURLINGTON COUNTY EMERGENCY SERVICES TRAINING CENTER 53 Academy Drive, Westampton (Mt. Holly), NJ 08060 Site Code: 5206

EXAM DATE

DEADLINE TO REGISTER

June 13, 2015, 8:00 a.m.

May 1, 2015

ICC NATIONAL CERTIFICATION EXAMINATION AND FEE

66 Fire Inspector I Based on 2006 International Codes \$189

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 Nu E-mail:	mber (optional) Fax Number (optional)			

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 **May 1, 2015.**

□ 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. -

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Billing Information						
Name:						
Mailing Address:						
City:			State:	Zip:		
() Business Telephone Number	(Fa>) Number				
Code Council Member Number:						
Full payment must be submitted w	ith all applications.	Total Amount:: \$				
Method of Payment Provided:	Check/Money Order (Payable to ICC)	□ Visa □ Master(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 <u>www.iccsafe.org/inspector</u>) 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 any- one. 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						
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Candidate ID:	Requirement	s met: Date pro	ocessed:	_ Initials:		
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