

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

March 8, 2014, 8:00 a.m.

January 24, 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 January 24, 2014.

 I have a copy of the current ICC National Certification Examination In 	ıformation Bulletin.
(If you do not have a copy of the Bulletin, go to $\underline{www.iccsafe.org/exams}$ or call: 1	-888-422-7233, ext. 5524.)

———— Both pages of this application must be completed to pro	cess. ———
--	-----------

Billing Information				
Name:				
Mailing Address:				
City:	State:	Zip:		
() ()				
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:				
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.				
gnature:Date:				

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