

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

December 19, 2015 8:00 a.m.

November 6, 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 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 **November 6, 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. 552	4.)

———— Both pages of this application must be completed to process. —	
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Billing Information					
Name:					
Mailing Address:					
City:	State:	Zip:			
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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 Visa MasterCard (Payable to ICC)	□ American Express	□ Discover			
Name as it appears on credit card:					
					
Signature:					
Credit Card Number	Expiration Da	ate			
	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	Date:				

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