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. 5524.)

Both pages of this application must be completed to process.
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: $_______________

Method of Payment Provided: □ Check/Money Order □ Visa □ MasterCard □ American Express □ Discover
(Write in blank: Payable to ICC)

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 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: ____________________________

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

OFFICE USE ONLY

Candidate ID: ___________________________ Requirements met: _________ Date processed: ____________________________ Initials: _________