New Jersey Fire
Special Examination Administration Application

TESTING LOCATION:

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

EXAM DATE DEADLINE TO REGISTER
April 18, 2015, 8:00 a.m. March 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: ______________________________________________________________________________________________________

□ 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

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: _________