

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

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) E-mail:	() 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/</u><u>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 **March 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 <u>www.iccsafe.org/exams</u> or call: 1-888-422-7233, ext. 5524.)

Both pages of this application must be completed to process. -

Billing Information								
Name:								
Mailing Address:								
Cit	y:				State: Zip	D:		
() () Business Telephone Number Fax Number								
Code Council Member Number:								
Fu	I payment must be submitted wit	h all applications	Total Amount	: \$				
	thod of Payment Provided:	Check/Money Order Payable to ICC)	 Visa 	□ MasterCard		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								
[OFFICE USE ONLY							
ľ	Candidate ID:	Requirement	s met:	_ Date processed: _		Initials:		