



American Association of Code Enforcement
Special Examination Administration Application

Testing Address:

Cincinnati Airport Marriott
2395 Progress Dr.
Hebron, KY 41048

EXAM DATE
October 27, 2017

DEADLINE TO REGISTER
September 29, 2017

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 received by the deadline date.
Examination fees are non-refundable. Exceptions are outlined in www.iccsafe.org/paper-pencil-exams-how-to-schedule
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.shop.iccafe.org.
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 September 29, 2017.

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 at www.iccsafe.org/about-code-council-examinations) 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 at www.iccsafe.org/education-certification/assessment-center/test-site-regulations.

Signature: _____ Date: _____

Printed Name: _____

Return this completed application in its entirety along with the appropriate fees to:
International Code Council
Assessment Center
900 Montclair Road
Birmingham, Alabama 35213-1206
Fax: 205-599-9884

Both pages of this application must be completed to process.

Select exam code year:

- 2012 2015

Select the exam you wish to take. (Select only one.)

Starting Time: 8:30 am

- 64 Property Maintenance and Housing Inspector \$199
75 Zoning Inspector \$199
14 Permit Technician \$199
B1 Residential Building Inspector \$199

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 (Payable to ICC) Visa MasterCard American Express Discover

Name as it appears on credit card:

Signature:

Credit Card Number

Credit card number input boxes

Expiration Date

Expiration date input boxes

Month

Year

OFFICE USE ONLY

Candidate ID: Requirements met: Date processed: Initials: