



New England Building Officials Education Association Conference Special Examination Administration Application

Testing Address:

University of Massachusetts Amherst
Murray D. Lincoln Campus Center
819 Campus Center
One Campus Center Way
Amherst, MA 01003

EXAM DATE

October 5, 2015

DEADLINE TO REGISTER

September 4, 2015

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 applicable 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.)

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 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.
- 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 4, 2015**.

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: _____

Printed Name: _____

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**

————— **Both pages of this application must be completed to process.** —————

