ICC Contractor Examination Services
Request for Duplicate Result Letter

Exam Candidate Information—PRINT LEGIBLY

Name: _____

Street Address: _____ City: _____ State: _____ ZIP: _____

(____) _____ (____) _____ (____) _____
Business Telephone Number Home Telephone Number Fax Number

E-mail (optional): _____

□ I have a copy of the current ICC National Contractor/Trades Examination Information Bulletin. (If you do not have a copy of the Bulletin, go to www.iccsafe.org/contractor or call: 1-888-422-7233 ext. 5524.)

OPTIONAL SERVICES AND FEES

Please check the service you are requesting.

□ **Resend result letter** **$10.00**
(Request a copy of your original result letter: 1) paper-and-pencil administration pass or fail result; 2) computer-based testing pass result only; fail results given to candidate by Pearson VUE only)

□ **FedEx** **$30.00**
(Overnight of result letter; charge in addition to option chosen above)

PLEASE NOTE: Requests for duplicates of your result letter may take 5-7 business days for processing and verification of candidate records.

FOR RESULT LETTER:

Location of exam: _____

Date of exam: _____

Exam type: _____

Important Notes
- Applications may be submitted by U.S. mail, courier, or facsimile. Applications must be completed in their entirety in order to be processed.
- Fees are non-refundable. Exceptions are outlined in the Information Bulletin.
- You must pay the fee for each service requested.

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

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.

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: _____