



# INTERNATIONAL CODE COUNCIL REVIEW SESSION REQUEST FORM

All Review Session Forms must be filed within 90 days  
from date of examination administration date.

Name	
Address	
City, State, & ZIP	
Candidate ID Number	
E-mail Address	
Examination Date	
Examination Type	
Phone Number	
Site of Exam	

Candidates who fail an examination and receive a score within ten (10) points of passing may request a review session. The review session is designed for a candidate to review missed questions and/or answers. It is **not** an opportunity to change answers on an examination or retake the exam. Reviews are offered at the National Certification paper-and-pencil testing locations quarterly, and are limited to one half of the original examination time. For a two-part examination, reviews are limited to one half of the original time for the portion of the examination which was failed. Candidates may bring in any of the texts listed in the Examination Information Bulletin as approved references for the examination. The candidate will be provided the questions which were scored as incorrect, along with the answer the candidate marked. The correct answer will not be provided, and candidates will not be allowed to ask questions. Challenges completed during a review session will be returned to Certification and Testing for analysis, and you will be provided a response to any items on which you complete a challenge form during your review session.

For candidates reviewing a Certification or UST/AST exam: Candidates must sign, date, and submit this form with the \$75.00 fee and a copy of the score report received. An original signature on this form is required. **Review Session Request forms must be received by the Code Council no later than 90 days of the examination administration date, and reviews must be scheduled for no later than four (4) weeks prior to a scheduled paper-and-pencil exam administration.** For forms and/or additional information, contact the Candidate Services Coordinator at 1-888-422-7233, ext. 5227, or visit [www.iccsafe.org/certification](http://www.iccsafe.org/certification).

**For comments:**

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Total Amount Enclosed by Check or Charge \$ \_\_\_\_\_

**If paying by credit card, please complete:**

Visa       Master Card       American Express       Discover

**Credit Card Number**

**Expiration Date**

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**Name as it appears on card** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Submit completed form and fee to:**  
ICC Candidate Services Coordinator  
900 Montclair Road  
Birmingham, AL 35213-1206  
Fax: 205-599-9897