Annual Conference
Special Examination Administration

Site Location Address:
Minneapolis Convention Center
Testing rooms: 213A & B
1301 2nd Avenue South
Minneapolis, MN 55403

Two administration sessions will be held each day, at **8:00 a.m.** and **1:30 p.m.**

Registration for the 8:00 session starts at 7:00 a.m. Registration for the 1:30 session starts at 12:30 p.m.

Walk-in testing is available, on a first-come, first-serve basis. Testing is limited to 30 candidates per seating. **Candidates are strongly encouraged to pre-register to confirm their seating availability.**

- September 19, 2008 □ Session 1 □ Session 2
- September 20, 2008 □ Session 1 □ Session 2
- September 21, 2008 □ Session 1 □ Session 2
- September 22, 2008 □ Session 1 □ Session 2

Exam Candidate Information—PRINT LEGIBLY

Full Legal Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

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

E-mail (optional): _____

Which telephone # do you want to be listed in the ICC Certification Registry? □ Home □ Both □ Work □ None

Do you want your mailing address listed in the ICC Certification Registry? □ Yes □ No

Would you like to receive information about ICC services and products via e-mail? □ Yes □ No

□ I have a copy of the 2008 ICC National Certification Examination Information Bulletin. (If you do not have a copy of the Bulletin, go to www.iccsafe.org/certification or call: 1-888-422-7233.)

CERTIFICATION EXAMINATIONS AND FEES

Please check the exam for which you wish to register.

EXAM TYPE	EXAM FEE
□ Residential Building Inspector	$110.00
□ Commercial Building Inspector	$180.00
□ Residential Electrical Inspector	$110.00
□ Commercial Electrical Inspector	$180.00
□ Residential Plumbing Inspector	$110.00
□ Commercial Plumbing Inspector	$180.00
□ Residential Mechanical Inspector	$110.00
□ Commercial Mechanical Inspector	$180.00
□ Fire Inspector I	$180.00
□ Fire Inspector II	$180.00
□ Fire Plans Examiner	$180.00

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

Important Notes

- Applications may be submitted by U.S. mail, courier, facsimile.
- 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.
- 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, ext. 5227. **Deadline to request ADA accommodations: July 31, 2008.**
- **If you wish to register for multiple examinations, please call us at 1-888-422-7233 for assistance.**

Billing Information

Name: _____

Street 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

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 *www.iccsafe.org/certification*) 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: _____

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