



2015 APPLICATION for SPECIAL INSPECTOR SUPPLEMENTAL EXAMS

- Supplemental proctored exams for special inspectors are available to individuals required to have L.A. City, L.A. County, or Long Beach licensing. Applicants should submit this application with fee to: **ICC Certification Department** no later than **30 days** prior to the requested exam date.
- **You must have an L.A. City, L.A. County, or Long Beach license in order to apply for this exam.**
- Exam dates and reference are available from the ICC Store at 1-800-786-4452 or www.iccsafe.org.
- Candidates for the supplemental examinations **must complete all Code Council renewal requirements** to retain current Code Council certifications, or cannot register for these examinations.

I. Code Council Certificate Information (please print as shown on your wallet card)

A. Candidate name _____

Address, City, and Zip _____

Cell/daytime phone number _____

B. Code Council certificate category (check one)

_____ F4 Supplemental Structural Masonry

_____ F5 Supplemental Structural Steel & Bolting

_____ F7 Supplemental Structural Welding

_____ F8 Supplemental Reinforced Concrete

_____ F9 Supplemental Prestressed Concrete

**NOTE: ONE GRATIS TRANSFER
PER CATEGORY—
NO EXCEPTIONS**

C. Code Council certificate number _____

D. Code Council renewal date _____

Approved by

II. Request for Application Test Date

A. TEST DATE WANTED: _____
(see schedule for closing dates) (to be confirmed)

Approved by

B. Test location Brea, California

**Listing an exam date on the application
does not guarantee that date.

All criteria must be met to be approved.**

III. Payment/Credit Card Information

\$60.00 testing fee PER EXAM must accompany application.

Payment acceptable by one of the following: 1) CHECK PAYABLE TO: ICC or 2) credit card

(check one) _____ Check _____ Visa _____ MasterCard _____ Discover _____ American Express

Credit card number _____ Expiration date _____

Signature _____ Date _____

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

Information on applicable references for each of the exams can be found in the National Certification Exam Information Bulletin, on the ICC website at www.iccsafe.org/inspector.

Exam references for the supplemental exams are the same as for the initial exam, as follows:

Supplemental Exam

- F4 Supplemental Structural Masonry
- F5 Supplemental Structural Steel & Bolting
- F7 Supplemental Structural Welding
- F8 Supplemental Reinforced Concrete
- F9 Supplemental Prestressed Concrete

Initial Exam

- 84 Structural Masonry Special Inspector
- S1 Structural Steel & Bolting Special Inspector
- S2 Structural Welding Special Inspector
- 47 Reinforced Concrete Special Inspector
- 92 Prestressed Concrete Special Inspector

NOTE: Effective January 1, 2015, exams will be available on a quarterly basis, with two testing times per date.

Please check the exam(s) and test date for which you wish to register (no more than two exams per date):

NOTE: Requesting an exam date DOES NOT guarantee that you will test on that date. The application must be verified by Code Council staff. **The applicant must provide a signature and date below in order for this application to be processed.**

EXAM DATE

- March 14, 2015
- June 13, 2015
- September 12, 2015
- December 12, 2015

REGISTRATION DEADLINE

- February 13, 2015
- May 15, 2015
- August 14, 2015
- November 13, 2015

- F4 Supplemental Structural Masonry
_____ 8:00 a.m. _____ 10:30 a.m.
- F5 Supplemental Structural Steel & Bolting
_____ 8:00 a.m. _____ 10:30 a.m.
- F7 Supplemental Structural Welding
_____ 8:00 a.m. _____ 10:30 a.m.
- F8 Supplemental Reinforced Concrete
_____ 8:00 a.m. _____ 10:30 a.m.
- F9 Supplemental Prestressed Concrete
_____ 8:00 a.m. _____ 10:30 a.m.

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 under Certification & Testing) 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 Certification 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, AL 35213-1206**

OFFICE USE ONLY

Candidate ID: _____ Requirements met: _____ Date processed: _____ Initials: _____