



# St. Louis County—Mechanical Paper-and-Pencil Examination Application

**STEP 1:** Enter your name, address, and other candidate information.

<b>Exam Candidate Information—PRINT LEGIBLY</b>	<b>ALL FIELDS BELOW REQUIRED EXCEPT AS NOTED.</b>
Full Legal Name: _____	ICC or Pearson ID _____ (if you have tested previously)
Mailing Address: _____	City: _____ State: _____ Zip: _____
(____) _____ Primary Telephone Number: _____ Home _____ Work _____	(____) _____ Secondary Number (optional)
E-mail: _____	

**STEP 2:** Select your exam date and site at which you wish to test.

### EXAMINATION SITES AND CORRESPONDING EXAMINATION DATES (Sites are subject to change)

St. Louis, MO  
City of St. Louis  
2923 North Broadway  
Conference Room  
St. Louis, MO 63147

EXAM DATES	DEADLINE TO REGISTER	EXAM DATES	DEADLINE TO REGISTER
<input type="checkbox"/> April 11, 2015	March 10, 2015	<input type="checkbox"/> September 12, 2015	August 14, 2015
<input type="checkbox"/> May 9, 2015	April 8, 2015	<input type="checkbox"/> December 12, 2015	November 13, 2015
<input type="checkbox"/> June 13, 2015	May 15, 2015		

**STEP 3:** Read the Important Notes section.

#### Important Notes

- Applications may be submitted by U.S. mail, courier, fax, or online at [www.iccsafe.org/contractor](http://www.iccsafe.org/contractor).
- Applications must be postmarked 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](http://www.iccsafe.org/store).
- A letter will be forwarded to you confirming this registration approximately two weeks prior to the examination administration date.
- 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 by the registration deadline for the test you wish to take.

**STEP 4:** Select the exam you wish to take (please select only one).

Exam ID and Title	Starting Time
<input type="checkbox"/> 585 Sheet Metal Journeyman	8:00 a.m.
<input type="checkbox"/> 586 Journeyman Pipefitter	8:00 a.m.
<input type="checkbox"/> 587 Sprinkler Fitter	8:00 a.m.
<input type="checkbox"/> 588 HVAC Servicer-Installer Commercial	8:00 a.m.
<input type="checkbox"/> 588 HVAC Servicer-Installer Residential	8:00 a.m.

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

#### OFFICE USE ONLY

Candidate ID: _____	Requirements met: _____	Date processed: _____	Initials: _____
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**STEP 5: Enter your billing information.**

**Billing Information**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ ICC Member # \_\_\_\_\_  
 Business Telephone Number Fax Number

**Full payment must be submitted with all applications.**

Total Amount: **\$ 100.00**

Method of Payment Provided:      Check/Money Order      Visa      MasterCard      American Express      Discover  
 (Payable to ICC)

Name as it appears on credit card: \_\_\_\_\_

Signature: \_\_\_\_\_

Credit Card Number

Expiration Date:

Month

Year

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**STEP 6: Have your application signed by St. Louis County authorizing you to test.**

\_\_\_\_\_  
 Authorized signature

\_\_\_\_\_  
 Date

**STEP 7: Sign your application, attesting all information entered is true.**

I have a copy of the current ICC Examination Information Bulletin for my exam program. (If you do not have a copy of the Bulletin, go to [www.iccsafe.org/contractor](http://www.iccsafe.org/contractor).)

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 applications.

I authorize my score to be reported to each licensing jurisdiction in the examination program.

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 ICC Examination Information Bulletin for my exam program.

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**