



2019 ICC Annual Conference Bring Your Own Device: PRONTO Administration Application

Testing Address:
Rio Hotel and Convention Center
3700 W Flamingo Road
Las Vegas, NV 89103

EXAM DATE: October 23, 2019
Deadline to register: October 4, 2019

IMPORTANT:
You must create a myICC account prior to completing this application.
Please go to www.iccsafe.org/pronto-byod for instructions.

Exam Candidate Information—PRINT LEGIBLY

ALL FIELDS BELOW REQUIRED EXCEPT AS NOTED.

Full Legal Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

ICC Record Number*: _____ E-mail: _____

*Please go to www.iccsafe.org/pronto-byod for instructions on creating a myICC account.

(____) _____ (____) _____
Primary Telephone Number: ____ Home ____ Work Secondary Number (optional)

Important Notes

- Applications must be received by the deadline date. Applications may be submitted by U.S. mail, courier, or via email at byod@iccsafe.org.
- For your security, the Assessment Center elects to collect credit card information via phone. Examination fees are non-refundable.
- Testing is limited to **20 candidates** per session.
- You will have a live proctor for your examination. You must bring your own device. Please go to www.iccsafe.org/pronto-byod for more information.
- For information on the examinations to be administered, go to www.iccsafe.org/certification-exam-catalog. This catalog contains information on the testing process as well as specific examination information, including reference materials, length of testing, and content outlines.
- Examinations are open-book. Candidates are responsible for bringing their own reference materials to the exam. See the Exam Catalog page for information on these materials by going to www.iccsafe.org/certification-exam-catalog. References needed for taking the exams can be purchased from ICC by calling 1-888-422-7233 or going to shop.iccsafe.org.
- A photo identification, such as a driver's license, will be required for admittance to the examination.
- 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 going to www.iccsafe.org/ac-forms-library and viewing the form under "Candidate Services" or by calling us at 1-888-422-7233. The request must be submitted and approved by the Code Council no later than **September 27, 2019**.
- Please visit iccsafe.org/pronto-administration to get more information on PRONTO.

I agree to the following terms:

I understand and agree that my failure to provide accurate and complete information or abide by ICC's policies and procedures, including the Code of Ethics, shall constitute grounds for the rejection of my application, or denial or revocation of my certification. I understand that ICC reserves the right to verify any information in this application or in connection with my certification.

I consent to ICC's release of any information regarding this application and my examination administration to third parties, consistent with ICC's Records policy. I also agree to be bound by all ICC policies and procedures, as they may be amended from time to time, including without limitation those posted at iccsafe.org.

I understand that if at any point during my certification period I fail to meet any of the requirements outlined above, or if matters arise that can affect my capability to continue to fulfill certification requirements, I must report it to ICC immediately and agree to cooperate with any subsequent investigation regarding such matters.

I authorize payment for my exam(s) to be collected by the Assessment Center via phone.

Signature: _____ Date: _____

Printed Name: _____

Return this completed application to:
International Code Council
Assessment Center
byod@iccsafe.org
900 Montclair Road
Birmingham, Alabama 35213-1206

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

PLEASE NOTE:
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Examinations will be administered on October 23, 2019.
Select the time(s) you wish to test.

NOTE: Testing is limited to **20 candidates** per session

- October 23, 2019 — 8:00 AM**
- October 23, 2019 — 1:30 PM**

Select the exam you wish you take.
All BYOD Exam Titles are under the 2017/2018 Code Year.

Payment Information:

For your security, the Assessment Center elects to collect credit card information via phone.
 Upon receipt of your application, Assessment Center staff will call you to obtain payment information.

<input type="checkbox"/> B1 Residential Building Inspector	\$209	<input type="checkbox"/> M1 Residential Mechanical Inspector	\$209
<input type="checkbox"/> B2 Commercial Building Inspector	\$209	<input type="checkbox"/> M2 Commercial Mechanical Inspector	\$209
<input type="checkbox"/> B3 Building Plans Examiner	\$209	<input type="checkbox"/> M3 Mechanical Plans Examiner	\$209
<input type="checkbox"/> R3 Residential Plans Examiner	\$209	<input type="checkbox"/> P1 Residential Plumbing Inspector	\$209
<input type="checkbox"/> F3 Fire Plans Examiner	\$209	<input type="checkbox"/> P2 Commercial Plumbing Inspector	\$209
<input type="checkbox"/> E1 Residential Electrical Inspector	\$209	<input type="checkbox"/> P3 Plumbing Plans Examiner	\$209
<input type="checkbox"/> E2 Commercial Electrical Inspector	\$209	<input type="checkbox"/> 21 Accessibility Inspector/Plans Examiner	\$209
<input type="checkbox"/> E3 Electrical Plans Examiner	\$209	<input type="checkbox"/> 64 Property Maintenance and Housing Inspector	\$209
<input type="checkbox"/> 14 Permit Technician	\$209	<input type="checkbox"/> 75 Zoning Inspector	\$209
<input type="checkbox"/> 66 Fire Inspector I	\$215	<input type="checkbox"/> FE Portable Fire Extinguisher Technician	\$209
<input type="checkbox"/> 67 Fire Inspector II	\$215	<input type="checkbox"/> FK Pre-engineered Kitchen Fire Extinguishing Systems	\$209
<input type="checkbox"/> BC Building Codes and Standards	\$209	<input type="checkbox"/> FN Pre-engineered Industrial Fire Extinguishing Systems	\$209
<input type="checkbox"/> FC Fire Codes and Standards	\$139		
<input type="checkbox"/> MG Legal Module	\$139		
<input type="checkbox"/> MM Management Module	\$139		
<input type="checkbox"/> CS Code Specialist	\$139		
<input type="checkbox"/> FG Fuel Gas Inspector	\$209		
<input type="checkbox"/> CA Commercial Fire Alarm Inspector	\$209		
<input type="checkbox"/> CN Commercial Fire Alarm Plans Examiner I	\$209		
<input type="checkbox"/> CR Commercial Fire alarm Plans Examiner II	\$209		
<input type="checkbox"/> RF Residential Fire Sprinkler Inspector/Plans Examiner	\$209		
<input type="checkbox"/> CF Commercial Fire Sprinkler Inspector	\$209		
<input type="checkbox"/> CP Commercial Fire Sprinkler Plans Examiner	\$209		

OFFICE USE ONLY

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