



# American Association of Code Enforcement Bring Your Own Device: PRONTO Administration Application

**Testing Address:**  
Hyatt Regency by the Mall of America  
3200 East 81st Street  
Bloomington, MN 55425

**EXAM DATE:** October 25, 2019  
**Deadline to register:** October 11, 2019

**IMPORTANT:**  
You must create a myICC account prior to completing this application.  
Please go to [www.iccsafe.org/pronto-byod](http://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](http://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](mailto: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 **25 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](http://www.iccsafe.org/pronto-byod) for more information.
- For information on the examinations to be administered, go to [www.iccsafe.org/certification-exam-catalog](http://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](http://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](http://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](http://www.iccsafe.org/ac-forms-library) or by calling us at 1-888-422-7233. The request must be submitted and approved by the Code Council no later than **October 4, 2019**.

**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](http://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](mailto:byod@iccsafe.org)  
900 Montclair Road  
Birmingham, Alabama 35213-1206

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

**PLEASE NOTE:**  
You must create a [myICC account](#) prior to completing this application.

**NOTE:** Testing is limited to **25 candidates**.

**EXAM SELECTION**

**Starting Time: 8:00 am**

**Select Exam Title:**  
**All BYOD Exam Titles are under the 2017/2018 Code Year.**

**Please note:** You may only register for **ONE** exam.

- |                          |   |       |
|--------------------------|---|-------|
| <input type="checkbox"/> | 64 Property Maintenance and Housing Inspector | \$209 |
| <input type="checkbox"/> | 75 Zoning Inspector                           | \$209 |
| <input type="checkbox"/> | 14 Permit Technician                          | \$209 |
| <input type="checkbox"/> | B1 Residential Building Inspector             | \$209 |
| <input type="checkbox"/> | MG Legal Module                               | \$139 |
| <input type="checkbox"/> | MM Management Module                          | \$139 |

**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.**

**OFFICE USE ONLY**

Candidate ID: \_\_\_\_\_ Requirements met: \_\_\_\_\_ Date processed: \_\_\_\_\_ Initials: \_\_\_\_\_