

## **IECC/HERS** Compliance Specialist



NOTE: This application is now available on the ICC Storefront

## EFFECTIVE 9/1/2020 - Paper applications will incur an additional \$25 fee per application for processing.

Name:			
Mailing Address:		· · · · · · · · · · · · · · ·	
City:	State	:	ZIP:
Home Phone:	Work Phone:		
Email Address:			
HERS Rater #	ICC Record #		
<ul> <li><u>CERTIFICATION REQUIREMENTS</u></li> <li>Applicant <u>must</u> hold current ICC Residential Energy Inspector/Plans Examiner (79) <u>and</u> be a RESNET Home Energy Rating Systems (HERS) Rater</li> <li>\$50 application fee</li> <li>Please allow 7—10 business days to process your application upon receipt of payment</li> </ul>			
Conditions of Acceptane	ce:		
<ol> <li>Submittal of this form establishes the applicant as a candidate for certification and implies no assurance that certification will be listed.</li> <li>Certification will be achieved by submitting this form, appropriate fees, evidence of successful completion of written examinations (applicable score reports), and other requirements, when necessary.</li> </ol>			
<b>PAYMENT AUTHORIZATION</b> For your security, the Assessment Center elects to collect credit card information via telephone. If paying by credit card, please provide name on credit card signature to authorize the purchase. If paying by check, mail to the address below.			
Name as it appears on credit card:			
Signature:			
AFFIDAVIT OF APPLICANT			
I hereby certify that I am the person indicated on this form, that all of 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. I understand that supporting documentation must be retained for three (3) years.			
Signature:	gnature: Date:		

## Return this completed form in its entirety to:

International Code Council Assessment Center Eastern Regional Office 900 Montclair Road Birmingham, AL 35213

Or email this form to:

customersuccess@iccsafe.org

 OFFICE USE ONLY

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