



ICC Certification Request Form National Certification Program for Construction Code Inspectors (NCPCCI) Examinations

* Please allow 7-10 business days to process your application upon receipt of payment.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Email address: _____

Home Phone: _____ Work Phone: _____

INDIVIDUAL CERTIFICATION REQUIREMENTS

- Select the ICC Certification(s) below
- Enclose \$100 for each certification
- Copy of applicable score reports (Pass Result Letter)
- Copy of the current state license/certificate based on completion of NCPCCI examination(s)

ICC Certification	Required NCPCCI Exam(s)	ICC Certification	Required NCPCCI Exam(s)
<input type="checkbox"/> E1 Residential Electrical Inspector	2A	<input type="checkbox"/> M2 Commercial Mechanical Inspector	4B
<input type="checkbox"/> E2 Commercial Electrical Inspector	2B	<input type="checkbox"/> M3 Mechanical Plans Examiner	4B, 4C
<input type="checkbox"/> E3 Electrical Plans Examiner	2B, 2C	<input type="checkbox"/> P1 Residential Plumbing Inspector	5A
<input type="checkbox"/> B3 Building Plans Examiner	1B, 1C, 3B, 3C	<input type="checkbox"/> P2 Commercial Plumbing Inspector	5B
<input type="checkbox"/> M1 Residential Mechanical Inspector	4A	<input type="checkbox"/> P3 Plumbing Plans Examiner	5B, 5C

NOTE: Once we have processed your request(s), if you meet the combination designation requirements, you will automatically be granted the applicable ICC Combination Designation(s) at no additional charge (E5, M5, P5, C3)

COMBINATION DESIGNATION REQUIREMENTS

- Select the ICC Combination Designation(s) below
- Enclose \$100 for each combination designation
- Copy of applicable score reports (Pass Result Letter)
- Copy of the current state license/certificate based on completion of NCPCCI examination(s)

Combination Designation	Required NCPCCI Exam(s)
<input type="checkbox"/> E5 Electrical Inspector	2A, 2B
<input type="checkbox"/> M5 Mechanical Inspector	4A, 4B
<input type="checkbox"/> P5 Plumbing Inspector	5A, 5B
<input type="checkbox"/> C3 Combination Plans Examiner	1B, 1C, 2B, 2C, 3B, 3C, 4B, 5B, 5C

NOTE: Applying for Combination Designation(s) does NOT grant the applicant the individual ICC certifications. If you would like to obtain the individual ICC Certification(s), please see Individual Certification Requirements above.

PAYMENT AUTHORIZATION

NCPCCI Certification/ Combination Designation _____ X \$100 per ICC Certification/Combination Designation = _____

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

Submittal of this form establishes the applicant as a candidate for certification and implies no assurance that certification will be listed.

Certification will be achieved by submitting this form, appropriate fees, evidence of successful completion of written examinations

I hereby certify that I am the person indicated on this form, 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. I understand that supporting documentation must be retained for three years.

Signature: _____ Date: _____

Return this completed request form in its entirety to:

International Code Council
Assessment Center
900 Montclair Road
Birmingham, AL 35213-1206
email: customersuccess@iccsafe.org