



## Eastern States Building Officials Federation Special Examination Administration Application

### Testing Address:

Newport Harbor Hotel  
49 Americas Cup Avenue  
Newport, RI 02840

### EXAM DATE

April 12, 2017

### DEADLINE TO REGISTER

March 10, 2017

#### Exam Candidate Information—PRINT LEGIBLY

ALL FIELDS BELOW REQUIRED EXCEPT AS NOTED.

Full Legal Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ Primary Telephone Number: \_\_\_\_\_ Home \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Secondary Number (optional) (\_\_\_\_) \_\_\_\_\_ Fax Number (optional)

E-mail: \_\_\_\_\_

I have a copy of the applicable ICC National Certification Examination Information Bulletin.  
(If you do not have a copy of the Bulletin, go to [www.iccsafe.org/exams](http://www.iccsafe.org/exams) or call: 1-888-422-7233, ext. 5524.)

#### Important Notes

- Applications may be submitted by U.S. mail, courier, or facsimile.
- Applications must be received 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).
- 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 no later than **March 10, 2017**.

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 certification.

I acknowledge receipt of the Code Council Certification Code of Ethics (located in the Information Bulletin and at [www.iccsafe.org/inspector](http://www.iccsafe.org/inspector)) and agree to comply with these professional standards for the term of my active certification. I agree that failure to comply with these standards may be cause for suspension or revocation of my certification.

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 Code Council National Examination Information Bulletin.

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

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

