



RESNET Special Examination Administration Application

Testing Address:

Hilton Orlando—Lake Buena Vista 1751 Hotel Plaza Blvd. Lake Buena Vista, FL 32830

EXAM DATE

PREREGISTRATION DEADLINE

February 25, 2018

February 2, 2018

Starting Time: 9:00 am (Walk-in Registration starts at 8:00 AM.)

EXAM:

79—2015 Residential Energy Inspector/Plans Examiner

Exam Fee: \$209.00

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 understand it is my responsibility to follow all policies and regulations for my exam. All information on administrative policies and procedures for ICC examinations are listed on the ICC website at www.iccsafe.org/certification-exam-catalog.

Important Notes

- Applications may be submitted by U.S. mail, courier, or facsimile to ICC.
- Applications must be received by the deadline date.
- Examination fees are non-refundable. Exceptions are outlined at www.iccsafe.org/certification-exam-catalog.
- 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 shop.iccsafe.org.
- 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 **February 2, 2018.**

This form may also be emailed to askc@iccsafe.org

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

Billing Information				
Name:				
Mailing Address:		·····		
City:	State: Z	ZIP:		
() ()				
Full payment must be submitted with all applications. Total Amount:: \$				
Method of payment provided: ☐ Check/Money Order ☐ Visa ☐ MasterCard (Payable to ICC)	□ American Express	□ Discover		
Name as it appears on credit card:				
Signature:				
Credit Card Number	Expiration Date			
CVV	Month	Year		
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.				
Signature:Date	e:			
Printed Name:				

Birmingham, Alabama 35213-1206 Fax: 205-599-9884

OFFICE USE ONLY			
Candidate ID:	Requirements met:	Date processed:	Initials: