



**Kentucky Department of Housing, Buildings, and Construction
Division of HVAC
Contractor Paper-and-Pencil Examination Administration**

STEP 1: Enter your name, address, and other candidate information

Exam Candidate Information—PRINT LEGIBLY	ALL FIELDS BELOW REQUIRED EXCEPT AS NOTED.
Full Legal Name: _____ ICC or Pearson ID _____ (if you have tested previously)	
Mailing Address: _____ City: _____ State: _____ Zip: _____	
(____) _____ (____) _____ Primary Telephone Number: ____ Home ____ Work Secondary Number (optional)	
E-mail: _____	

STEP 2: Select your exam date and site at which you wish to test.

EXAMINATION SITES AND CORRESPONDING EXAMINATION DATE
(Sites are subject to change)

- Kentucky Department of Housing, Buildings, and Construction Division of HVAC
101 Sea Hero Rd., Suite 100
DHBC Conference Room
Frankfort, KY 40601

NOTE: Examination applications are accepted on a first-come, first-served basis. If your application is received after an administration is full, you will automatically be scheduled for the next examination testing date.

EXAM DATES	DEADLINE TO REGISTER
<input type="checkbox"/> December 14, 2013	November 15, 2013

STEP 3: Read the Important Notes section below.

Important Notes

- Applications may be submitted by U.S. mail, courier, or fax, or online at www.iccsafe.org/contractor.
- Applications must be postmarked 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.
- A letter will be forwarded to you confirming this registration approximately two weeks prior to the examination administration date.
- 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 by the registration deadline for the test you wish to take.

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

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