

OREGON – ICC TRANSITION APPLICATION

Candidate Information:

Name: _____ Social Security Number (Optional) _____

Street Address: _____ Is this: _____ Home or _____ Work?

City _____ State _____ Zip: _____ - _____

(____) _____ (____) _____ (____) _____
 Business Telephone Number Home Telephone Number Fax Number

Telephone # you want to have listed in the ICC Certification Registry? _____ Home _____ Both _____ Work _____ None

Do you want your mailing address listed in the ICC Certification Registry? _____ Yes _____ No

Would you like to receive information about ICC services, products and information via e-mail? _____ Yes _____ No

E-mail address _____

Transition Certificate(s) Desired:

X	Oregon Designation	ICC Certificate	Required Documentation to be Submitted with this Application	<i>ICC use only</i>
	Building Official	Certified Building Official	1. Current OBCD Certification 2. ICC CBO Technology Exam*	
	A Level Structural	Commercial Building Inspector	1. Current OBCD Certification 2. Completion of Approved IBC Course	
	A Level Mechanical	Commercial Mechanical Inspector	1. Current OBCD Certification 2. Completion of Approved IMC Course	
	A Level Plans Examiner & A Level Fire & Life Safety Plans Examiner	Building Plans Examiner	1. Current OBCD Certification in both designations 2. Completion of Approved IBC Course	
	1 & 2 Family Structural	Residential Building Inspector	1. Current OBCD Certification 2. Completion of Approved IRC Course	
	1 & 2 Family Mechanical	Residential Mechanical Inspector	1. Current OBCD Certification 2. Completion of Approved IRC Course	
	Residential Plans Examiner	Residential Plans Examiner	1. Current OBCD Certification 2. Completion of Approved IRC Course 3. Completion of 1 & 2 Family Structural or ICC Residential Building Inspector	

* May substitute ICC Combination Inspector or ICC Combination Plans Examiner certification for CBO Technology Exam.

The front and back of this application must be completed for processing

Fees:

The administration fee for *each* Transition Certificate is \$50.00. An ICC certificate and wallet card will be mailed to your address in approximately 30 days. Your name and certification will be listed in the ICC Certification Registry.

_____ X \$50.00 Total Amount \$ _____
Number of Certificates

Full payment must be submitted with this application. Returned checks will be assessed a \$30.00 fee.

Method of Payment:

_____ Check _____ Visa _____ MasterCard _____ American Express _____ Discover

Print name exactly as it appears on the credit card: _____

Signature: _____ Date: _____

Credit Card Number: _____ Security Code _____ Expires _____ / _____
Month/Year

Amount Authorized: \$ _____

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.

Signature: _____ Date: _____

Important note: Applications will be accepted through 30 September 2009 only.

Mail or Fax (requires credit card information) this completed application and all documentation required along with appropriate fees to:

**International Code Council
Certification & Testing Department
5360 Workman Mill Road
Whittier, CA 90601-2298
Fax: 562-692-2845**