



DATE: \_\_\_\_\_

RETURN BY FAX TO: 727-869-6660 EMAIL TO: support@koning.com

**BCAI / ICC EXAM PREP REGISTRATION FORM**

RESIDENTIAL COMBINATION: \_\_ ALL 4 @ \$900 (6 mo all 45 ind)\_\_ BLDG \$250 \_\_ MECH \$250 \_\_ PLUMB \$250 \_\_ ELEC \$250 \_\_ RETAKE \$150 ea
STANDARD BUILDING INSP/PX \_\_ NEW \$550 90 days \_\_ RETAKE \$150 45 days
STANDARD MECH INSP/PX \_\_ NEW \$550 90 days \_\_ RETAKE \$150 45 days
STANDARD PLUMB INSP/PX \_\_ NEW \$550 90 days \_\_ RETAKE \$150 45 days
STANDARD ELEC INSP/PX \_\_ NEW \$550 90 days \_\_ RETAKE \$150 45 days
PRINC & PRACTICES \_\_ NEW \$300 60 days \_\_ RETAKE \$150 45 days
PERMIT TECHNICIAN \_\_ NEW \$250 60 days \_\_ RETAKE \$150 45 days
COASTAL INSPECTOR \_\_ NEW \$300 60 days \_\_ RETAKE \$150 45 days
CERTIFIED BUILDING OFFICIAL \_\_ NEW \$895 Unlmtd COURSE TOTAL: \_\_\_\_\_

**HOW ARE YOU TAKING ABOVE CLASS:**

\_\_ LIVE CLASS IN HUDSON, FL ON (DATE): \_\_\_\_\_
\_\_ LIVE WEBINAR on: (DATE): \_\_\_\_\_
\_\_ STRICTLY ONLINE at my own pace/time

**ADD BOOKS:**

RESIDENTIAL COMBO \_\_ \$380
STANDARD BUILDING INSP/PX \_\_ \$275
STANDARD MECH INSP/PX \_\_ \$250
STANDARD PLUMB INSP/PX \_\_ \$295
STANDARD ELEC INSP \_\_ \$190 \_\_ ELEC PLANS EXAMINER: \$225
PRINC & PRACTICES \_\_ \$250 statutes \_\_ \$370 Pkg
PERMIT TECHNICIAN \_\_ \$350
COASTAL INSPECTOR \_\_ \$875
CERTIFIED BUILDING OFFICIAL \_\_ \$1,650
BOOK TOTAL: \_\_\_\_\_
ADD SHIPPING: \_\_ \$40 \_\_\_\_\_
ADD TAX: \_\_\_\_\_

**GRAND TOTAL DUE:** \_\_\_\_\_

**WHO IS ATTENDING:**

STUDENT NAME: \_\_\_\_\_
STUDENT MAILING ADDRESS \_\_\_\_\_
STUDENT SHIPPING ADDRESS \_\_\_\_\_
TELEPHONE NUMBER (DAY): \_\_\_\_\_
EMAIL ADDRESS FOR CONFIRMATION: \_\_\_\_\_
DOES THE STUDENT HAVE ANY LICENSE #S FOR CE CREDIT?
\_\_\_\_\_

**WHO IS PAYING FOR THE REGISTRATION:**

\_\_ INDIVIDUAL/CORP\_CARD \_\_ A MUNICIPALITY/TAX EXEMPT ORGANIZATION
(CERT # \_\_\_\_\_)
NAME ON CARD (IF DIFFERENT): \_\_\_\_\_
CARD BILLING ADDRESS: \_\_\_\_\_
SEND MY MUNICIPALITY AN INVOICE TO PAY/RECEIPT: (EMAIL) \_\_\_\_\_
CARD NUMBER: \_\_\_\_\_
EXP DATE: \_\_\_\_\_ C/V CODE: \_\_\_\_\_