



CANDIDATE APPLICATION

WRITTEN EXAMINATION - TOWER CRANE

Please type or print neatly.

NAME <i>First</i> <i>Middle</i> <i>Last</i>		
NCCCO CERTIFICATION NUMBER (IF PREVIOUSLY CERTIFIED)		SOCIAL SECURITY #
MAILING ADDRESS		DATE OF BIRTH
CITY	STATE	ZIP
PHONE	CELL	FAX
COMPANY ORGANIZATION		E-MAIL
COMPANY MAILING ADDRESS		
CITY	STATE	ZIP
ARE YOU A RETEST CANDIDATE? NO YES Date last tested: ___/___/___		

WRITTEN EXAMINATIONS FOR WHICH YOU ARE APPLYING

BUBBLE IN the circle next to the Written Exam Category for which you are applying

EXAM DESCRIPTION	EXAM FEES
<input type="radio"/> Tower Crane Written Exam <i>(Tower Crane candidate only)</i>	654601 \$165 <input type="checkbox"/>
<input type="radio"/> Tower Crane Written Exam <i>(For candidates who are also registering for Mobile Crane Examination(s) at the same time)</i>	654601 \$50 <input type="checkbox"/>
<input type="radio"/> Tower Crane Written Exam <i>(For candidates who are already certified in Mobile Cranes, new updated certification card issued)</i>	654601 \$75 <input type="checkbox"/>
<input type="radio"/> Tower Crane Written Exam <i>(For candidates who are already certified in Mobile Cranes, certification card NOT updated)</i>	654601 \$50 <input type="checkbox"/>
ADDITIONAL FEES	
<input type="radio"/> Candidate Late Fees <i>(If Applicable)</i>	\$50 <input type="checkbox"/>
<input type="radio"/> Incomplete Application Fee <i>(If Applicable)</i>	\$30 <input type="checkbox"/>
TOTAL AMOUNT ENCLOSED	\$ <input style="width: 50px; height: 20px;" type="text"/>

CANDIDATE APPLICATION (CONT'D) WRITTEN EXAMINATION

TEST SITE AT WHICH YOU INTEND TO TAKE THE WRITTEN EXAMINATION

PAGE 2 OF 2

TEST SITE NAME	TEST SITE COORDINATOR	
TEST SITE MAILING ADDRESS		
CITY	STATE	ZIP
TEST SITE NUMBER	DATE YOU INTEND TO TAKE THE NCCCO EXAMINATION (MONTH / DAY/ YEAR) / /	

Under penalties of perjury, I declare that the foregoing statements and those in any required accompanying documentation are true. I understand and agree that my failure to provide accurate and complete information or abide by NCCCO'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 NCCCO reserves the right to verify any information in this application or in connection with my certification. I consent to NCCCO's release of any information regarding this application and my examination administration to third parties. I have received a copy of the NCCCO Candidate Handbook and have read, and do understand and agree to be bound by all prevailing NCCCO policies and procedures. I attest that I have passed a substance abuse test conducted by a recognized laboratory service and agree to comply with NCCCO's substance abuse policy. I have passed a physical exam that complies with the ASME B30 standard for my certification category and I will continue to comply with those requirements.

CANDIDATE SIGNATURE	DATE
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METHOD OF PAYMENT FOR CANDIDATE EXAMINATION FEES

Do not send cash.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Personal Check	<input type="checkbox"/> Employer Check	<input type="checkbox"/> Money Order	<i>Do not staple your check.</i>
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If paying by credit card – complete the following information

SECURITY CODE*

CREDIT CARD NUMBER

EXPIRATION DATE

NAME (Print as it appears on card)	SIGNATURE (on card)
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Checks and money orders should be payable to:

International Assessment Institute - Attention: NCCCO
testing
600 Cleveland Street, Suite 900
Clearwater, Florida 33755

Phone: 727-449-8525

Note: Application is valid for one (1) year from date of approval, after which time your fee will be forfeited and a new application is required.

CANDIDATE APPLICATION CHECKLIST

<input type="checkbox"/> I have completed and signed the Candidate Application.
<input type="checkbox"/> I have provided credit card information or a check or money order for the correct amount.