



Candidate Application

PRACTICAL EXAMINATION—MOBILE, TOWER, & OVERHEAD CRANE OPERATOR

Please type or print neatly.

NAME		First	Middle	Last
NCCCO CERTIFICATION NUMBER (if previously certified)			SOCIAL SECURITY #	
MAILING ADDRESS				DATE OF BIRTH
CITY			STATE	ZIP
PHONE	CELL	FAX		E-MAIL
COMPANY/ORGANIZATION			PHONE	
COMPANY MAILING ADDRESS				
CITY			STATE	ZIP
HAVE YOU PREVIOUSLY TAKEN ANY NCCCO EXAMS? <input type="checkbox"/> NO <input type="checkbox"/> YES DATE LAST TESTED: _____/_____/_____				

Indicate with a check the crane type(s) you wish to be tested on and the date you passed the corresponding Written Examination, if applicable. If you have passed the Written Exam(s), you must also provide a copy of either a score report or a certification card.

PRACTICAL EXAM	WRITTEN EXAM	DATE PASSED WRITTEN EXAM
<input type="checkbox"/> Lattice Boom	<input type="checkbox"/> Lattice Boom Crawler and/or Lattice Boom Truck	_____/_____/_____
<input type="checkbox"/> Telescopic Boom—Swing Cab	<input type="checkbox"/> Telescopic Boom—Swing Cab	_____/_____/_____
<input type="checkbox"/> Telescopic Boom—Fixed Cab	<input type="checkbox"/> Telescopic Boom—Fixed Cab	_____/_____/_____
<input type="checkbox"/> Tower Crane	<input type="checkbox"/> Tower Crane	_____/_____/_____
<input type="checkbox"/> Overhead Crane	<input type="checkbox"/> Overhead Crane	_____/_____/_____

TEST SITE AT WHICH YOU INTEND TO TAKE THE PRACTICAL EXAMINATION

TEST SITE COORDINATOR NAME		PE SITE #:
PHONE	FAX	E-MAIL
TEST SITE MAILING ADDRESS		
CITY		STATE ZIP

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 I have read it; I 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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CANDIDATE APPLICATION (CONT'D)

PRACTICAL EXAMINATION—MOBILE, TOWER, & OVERHEAD CRANE OPERATOR

NCCCO CERTIFICATION CARD

Candidates who meet all the requirements for certification in any one category are issued a certification card at no charge. Replacement and updated cards are available for an additional fee; see panel below.

Please attach a passport color photo (without hat or sunglasses) and enclose with your application form any required payment based upon the information listed below.

A digital photo may be substituted for a passport photo.

Attach Color
Passport Photo
Here

1-3/8" W x 1-3/4" H

PRACTICAL EXAMINATION FEES

Checks and money orders must be made payable to **International Assessment Institute—Attention: CCO Testing**. Credit cards (Visa, MasterCard, or American Express) may be used by completing the credit card information below.




Check the box(es) next to the Practical Exam category(s) for which you are registering.

Practical Examination Fees:

- One Mobile Crane type: \$60 Two Mobile Crane types: \$70 Three Mobile Crane types: \$80
- Tower Crane only: \$60
- Tower Crane (current NCCCO-certified Mobile Crane Operator, or new candidate registering for Mobile Crane Operator exams at the same time): \$50
- Overhead Crane only: \$60
- Overhead Crane (current NCCCO-certified Mobile Crane Operator, or new candidate registering for Mobile Crane Operator exams at the same time): \$50
- Updated/replacement card: \$25

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 enclosed	<input type="checkbox"/> Employer check enclosed	<input type="checkbox"/> Money order enclosed	<i>Please do not staple your check or money order.</i>
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If paying by credit card, complete the following information:

CREDIT CARD NUMBER	<input type="text"/>	EXPIRATION DATE	<input type="text"/>
NAME (Print as it appears on card)	SIGNATURE (on card)	SECURITY CODE*	<input type="text"/>

* Three or four digit security code located on the back of the card in the signature panel.

Checks and money orders should be payable to: International Assessment Institute—Attention: CCO Testing

Do not send this application to IAI or NCCCO. Give this application, along with payment and all necessary documentation, to your Test Site Coordinator on test day.