Candidate Application

WRITTEN EXAMINATIONS—CRANE INSPECTOR (PAPER/PENCIL TEST ONLY)

Please type or print neatly.

FULL LEGAL NAME (as shown on driver's license)	First	Middle	Last	Suffix (Jr., Sr., III)

CCO CERTIFICATION NUMBER (if previously certified)	DATE OF BIRTH	CANDIDATE ID: (if previously tested)

MAILING ADDRESS	CITY	STATE	ZIP	COUNTRY

PHONE	CELL	EMAIL

COMPANY/ORGANIZATION	COMPANY PHONE

COMPANY MAILING ADDRESS	CITY	STATE	ZIP	COUNTRY

❑ I AM REQUESTING TESTING ACCOMMODATIONS IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT (ADA).
(For details on NCCCO's Testing Accommodations policy, please see www.nccco.org/accommodations)

ARE YOU A CURRENTLY CCO-CERTIFIED CRANE OPERATOR IN GOOD STANDING? ❒ Yes ❒ No

If you checked "yes" above, indicate your CCO operator certification number below and the cranes you are certified to operate at right:
CCO operator certification #: _____

❒ Mobile Crane
❒ Tower Crane
❒ Overhead Crane

WRITTEN EXAMINATION FOR WHICH YOU ARE APPLYING

***FILL IN** the circle next to the crane type(s) for which you are applying. Total the amount due at bottom.*

EXAM DESCRIPTIONS AND FEES

❍ Core Crane Inspector Exam (required for Mobile and/or Tower Crane Inspector)	711101	$250
❍ Mobile Crane Inspector Specialty Exam	711102	$250
❍ Tower Crane Inspector Specialty Exam	711104	$250
❍ Overhead Crane Comprehensive Exam	711103	$350
❍ Mobile Crane Core Operator Exam*	652603	$165
❍ Tower Crane Operator Exam*	654601	$165
❍ Overhead Crane Operator Exam*	653601	$165
❍ Tower Crane Operator Exam* (if already CCO-certified or taking with Mobile Crane Operator Exam)	654601	$50
❍ Overhead Crane Operator Exam* (if already CCO-certified or taking with Mobile Crane Operator Exam)	653601	$50

Currently CCO-certified operators are not required to take the corresponding operator exam(s), as long they maintain their certification status in good standing.

OTHER FEES

❍ Candidate Late Fee (if applicable)	$50
❍ Incomplete Application Fee (if applicable)	$30
❍ Updated/Replacement Card	$25

ADD TO TOTAL AMOUNT AT RIGHT →

TOTAL AMOUNT DUE ..... $

For logistical reasons, and in fairness to each candidate, it is not recommended that a candidate schedule written exams totaling more than six hours of testing time on the same day.

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CANDIDATE APPLICATION (CONT'D)

CRANE INSPECTOR WRITTEN EXAMINATION(S)

TEST SITE AT WHICH YOU INTEND TO TAKE THE WRITTEN EXAMINATION

TEST SITE NAME	TEST SITE COORDINATOR
Prillaman's Crane and Rigging Inc.	Amanda Prillaman

TEST SITE ADDRESS
2303 60th Street

CITY	STATE	ZIP	COUNTRY
Hampton	VA	23661	United States of America

TEST ADMINISTRATION NUMBER	DATE YOU INTEND TO TAKE THE CCO EXAMINATION

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 expressly consent to NCCCO's release of any information consistent with NCCCO's Information Release policy. I have received a copy of the NCCCO Candidate Handbook, have read it, and agree to be bound by it. I agree to be bound by all NCCCO policies and procedures, as they may be amended from time to time, including without limitation those posted at nccco.org. I have passed a substance abuse test conducted by a recognized laboratory service and agree to comply with NCCCO's substance abuse policy. I attest that I am in good physical health, as verified by a medical professional, sufficient enough to handle the physical demands that crane inspections require. I understand that if at any point during my certification period I fail to meet any of the requirements outlined above, or if matters arise that can affect my capability to continue to fulfill certification requirements, I must report it to NCCCO immediately and agree to cooperate with any subsequent investigation regarding such matters.

CANDIDATE SIGNATURE	DATE

CCO CERTIFICATION CARD

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

Please email a digital color photo (without hat or sunglasses) to ***photos@nccco.org*** *and label it with your full name and birth date. Enclose with your application form any required payment based upon the information listed below.*

A 1⅜"× 1¾" passport color photo may be substituted for a digital photo; if submitting a passport photo, please give it to your Test Site Coordinator.

METHOD OF PAYMENT FOR CANDIDATE EXAMINATION FEES

Do not send cash.

❒ VISA ❒ MasterCard ❒ AMERICAN EXPRESS ❒ Personal check enclosed ❒ Employer check enclosed ❒ Money Order enclosed *Please do not staple your check or money order.*

If paying by credit card, complete the following information:

CREDIT CARD NUMBER | | | | | | | | | | | | | | | | | EXPIRATION DATE | | | | |

NAME (Print as it appears on card)	SIGNATURE (on card)	SECURITY CODE*

* Three- or four-digit code located on the card.

Checks and money orders should be payable to: **NCCCO**

Please send application and payments to:

NCCCO—Testing Services Department
5250 S. Commerce Drive, Suite 100
Murray, Utah 84107

Email: kqualls@nccco.org
Phone: 727-449-8525
Fax: 801-938-9540

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