



Candidate Application

WRITTEN EXAMINATION—MOBILE, TOWER, & OVERHEAD CRANE OPERATOR (PAPER/PENCIL TESTS 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		SOCIAL SECURITY #	
MAILING ADDRESS			CITY	STATE	ZIP
PHONE	CELL	FAX	E-MAIL		
COMPANY/ORGANIZATION			PHONE		
COMPANY MAILING ADDRESS		CITY	STATE	ZIP	
<input type="checkbox"/> I AM REQUESTING TESTING ACCOMMODATIONS IN COMPLIANCE WITH THE AMERICAN WITH DISABILITIES ACT (ADA). (For details on NCCCO's Testing Accommodations policy, please see www.nccco.org/accommodations .)					

WRITTEN EXAMINATION(S) FOR WHICH YOU ARE APPLYING

FILL IN the circle next to the crane type(s) for which you are applying; for Mobile Cranes, CHECK the load chart you want to use for that crane type. Also FILL IN the appropriate circle(s) below for correct fees. NOTE: If you are registering for Mobile Crane exams, you must register for the Mobile Core Exam and at least one Specialty Exam (unless you are a Retest Candidate).

If you are recertifying, please use separate Recertification Written Examination Application Form.

WRITTEN EXAMS

		LOAD CHARTS
<input type="radio"/> Mobile Core Exam	652603	(Check one for each Specialty Exam)
<input type="radio"/> Lattice Boom Crawler (LBC)	652620	<input type="checkbox"/> Terex/American <input type="checkbox"/> Manitowoc
<input type="radio"/> Lattice Boom Truck (LBT)	652609	<input type="checkbox"/> Link-Belt <input type="checkbox"/> Manitowoc
<input type="radio"/> Telescopic Boom—Swing Cab (TLL)	652612	<input type="checkbox"/> Grove (Truck Mount) <input type="checkbox"/> Link-Belt (Rough Terrain)
<input type="radio"/> Telescopic Boom—Fixed Cab (TSS)	652616	<input type="checkbox"/> Manitex (Boom Truck) <input type="checkbox"/> Shuttlelift (Carry Deck)
<input type="radio"/> Boom Truck—Fixed Cab (BTF)	652671	<input type="checkbox"/> Manitex (Boom Truck)
<input type="radio"/> Tower Crane	654601	
<input type="radio"/> Overhead Crane	653601	

OTHER FEES

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

ADD TO TOTAL AMOUNT AT RIGHT →

WRITTEN EXAM/RETEST FEES

MOBILE CRANE EXAMS

- Core Exam plus one Specialty Exam \$165
- Core Exam plus two Specialty Exams..... \$175
- Core Exam plus three Specialty Exams..... \$185
- Core Exam plus four Specialty Exams..... \$195

RETEST or ADDED SPECIALTY FEES

- Core Exam only or Core plus one Specialty (Retest)..... \$165
- One Specialty Exam (Retest or Added Specialty)..... \$65
- Two Specialty Exams (Retest or Added Specialty) \$75
- Three Specialty Exams (Retest or Added Specialty) \$85
- Four Specialty Exams (Retest) \$95

TOWER CRANE EXAMS

- Tower Crane Written Exam (new Candidate)..... \$165
- Tower Crane Written Exam (current CCO-certified Mobile Crane Operator, or new candidate taking exam same time as Mobile Crane exams)..... \$50

OVERHEAD CRANE EXAMS

- Overhead Crane Written Exam (new Candidate) \$165
- Overhead Crane Written Exam (current CCO-certified Mobile Crane Operator, or new candidate taking exam same time as Mobile Crane exams)..... \$50

TOTAL AMOUNT DUE \$

CANDIDATE APPLICATION (CONT'D)
WRITTEN EXAMINATION—MOBILE, TOWER, & OVERHEAD CRANE OPERATOR

TEST SITE AT WHICH YOU INTEND TO TAKE THE WRITTEN EXAMINATION




TEST SITE NAME ATRIUM HOTEL		TEST SITE COORDINATOR GEORGE LEACH	
TEST SITE ADDRESS 1400 N. LORRAINE ST.			
CITY HUTCHINSON		STATE KS	ZIP 67501
TEST ADMINISTRATION NUMBER KS 22260		DATE YOU INTEND TO TAKE THE CCO EXAMINATION 12/22/2016	

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, 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 also 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 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 designation and I will continue to comply with those requirements. 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 _____

METHOD OF PAYMENT FOR CANDIDATE EXAMINATION FEES

Do not send cash.


 
 
 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
 1960 Bayshore Blvd.
 Dunedin, Florida 34698

Phone: 727-449-8525
 Fax: 727-461-2746
 Email: kqualls@nccco.org