



Crane Inspector Experience Forms

SUBMISSION INSTRUCTIONS

Please complete and submit the following forms at least two weeks prior to submitting your Crane Inspector certification exam Candidate Application. NCCCO will review all information provided before determining your eligibility to apply for the Crane Inspector certification exams. You will be notified by email of your eligibility to sit for the exam(s) within 10 business days of receipt of your materials.

CCO Crane Inspector certification applicants must document and attest to at least five years' crane-related experience. The five years shall include duties such as crane inspector and related activities, crane operator, crane mechanic, or crane shop foreman. Related education may be substituted for related experience at a ratio of two years of education for one year of experience up to three years. Related education includes courses in, but not limited to, engineering, physics, applied mathematics, applied science courses in non-destructive testing, construction technology, or technical courses in heavy equipment mechanic or welding technology.

Complete as many copies of each of the following forms as you need to demonstrate the extent of your experience and/or relevant education:

Crane Inspector Experience Forms:

- 1. Contact Information & Attestation Statement**
- 2. Work History Documentation**
- 3. Relevant Post-Secondary, Graduate, & Post-Graduate Education**
- 4. Additional Courses, Technical Training, Certifications, & Accreditations**
- 5. Industry References**
- 6. Other Comments or Attachments**

All Crane Inspector candidates must submit these forms for review to be eligible to apply to take the certification exams. Candidates must make their best attempt to complete all sections of the form. Please be as specific as possible regarding the extent of your experience. Applications that are deemed incomplete or inadequate will be rejected and additional information may be required.

Please send all completed Crane Inspector Experience Forms, appropriate documentation, and \$50 form experience review fee payment to:

International Assessment Institute—Attn: NCCCO Testing
4141 S. Highland Drive, Suite 225
Salt Lake City, Utah 84124
Phone: 727-449-8525
Fax: 801-938-9540



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CONTACT INFORMATION & EXPERIENCE ATTESTATION

Please complete the following form, sign the attestation statement, and provide payment information for review of your Crane Inspector Experience Forms.

*Please type or print neatly. (*Required fields)*

NAME First* Middle Last*				DATE OF BIRTH (MM/DD/YYYY)			
COMPANY NAME/EMPLOYER				SOCIAL SECURITY #* <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
MAILING ADDRESS*			CITY*		STATE*		ZIP*
DAYTIME PHONE*			FAX		E-MAIL*		

ARE YOU CURRENTLY CCO CERTIFIED? Yes No

If you checked "yes" above, indicate your CCO certification number below and the CCO certifications that you currently hold at right:

CCO certification #: _____

- | | |
|--|--|
| <input type="checkbox"/> Mobile Crane Operator | <input type="checkbox"/> Rigger Level I |
| <input type="checkbox"/> Tower Crane Operator | <input type="checkbox"/> Rigger Level II |
| <input type="checkbox"/> Overhead Crane Operator | <input type="checkbox"/> Signalperson |
| <input type="checkbox"/> Articulating Crane Operator | |

EXPERIENCE ATTESTATION:

Under penalties of perjury, I declare that the foregoing statements and those in all 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, my documented crane-related experience and/or education, 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 further affirm that I have at least five years of crane-related experience and/or relevant education as demonstrated on my Experience Forms and accompanying proof-of-experience documentation.

CANDIDATE SIGNATURE	DATE
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METHOD OF PAYMENT FOR \$50 CRANE INSPECTOR EXPERIENCE FORMS EXPERIENCE REVIEW FEE

<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:

Do not send cash.

CREDIT CARD NUMBER <input style="width: 95%;" type="text"/>	EXPIRATION DATE <input style="width: 95%;" type="text"/>
NAME (Print as it appears on card) <input style="width: 95%;" type="text"/>	SIGNATURE (on card) <input style="width: 95%;" type="text"/>
	SECURITY CODE* <input style="width: 95%;" 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



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RELEVANT POST-SECONDARY, GRADUATE, AND POST-GRADUATE EDUCATION

Use separate copies of this form for each school or institution where you have taken relevant post-secondary, graduate, or post-graduate courses and/or earned degrees. Also please provide proof of education such as copies of diploma, transcripts, etc.

Education: Page _____ of _____

When submitting corresponding documentation, please indicate which page of this Education form each document applies to.

Name of School/ Institution:	
Degree(s) Pursued/Earned:	
Date(s): (mm/yy to mm/yy)	
Relevant courses taken:	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>



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INDUSTRY REFERENCES

Please use this form to list three industry references.

When submitting corresponding documentation, please indicate which contact on this Industry References form each document applies to.

1.	Contact Name:	
	Relationship:	<hr/> <hr/> <hr/> <hr/>
	Phone Number:	
	Email:	
2.	Contact Name:	
	Relationship:	<hr/> <hr/> <hr/> <hr/>
	Phone Number:	
	Email:	
3.	Contact Name:	
	Relationship:	<hr/> <hr/> <hr/> <hr/>
	Phone Number:	
	Email:	

