



# Test Site Application & Data Sheet

## PRACTICAL EXAMINATION—RIGGER PROGRAM

Please type or print neatly.

|                             |                  |
|-----------------------------|------------------|
| HOST COMPANY REPRESENTATIVE | TEST SITE NUMBER |
|-----------------------------|------------------|

|                   |
|-------------------|
| HOST COMPANY NAME |
|-------------------|

|                              |
|------------------------------|
| HOST COMPANY MAILING ADDRESS |
|------------------------------|

|      |       |     |
|------|-------|-----|
| CITY | STATE | ZIP |
|------|-------|-----|

|            |          |             |
|------------|----------|-------------|
| HOST PHONE | HOST FAX | HOST E-MAIL |
|------------|----------|-------------|

|  |
|--|
| TEST SITE ADDRESS (Physical address of where the crane(s) will be set up; P.O. Boxes not acceptable) |
|--|

|      |       |     |
|------|-------|-----|
| CITY | STATE | ZIP |
|------|-------|-----|

|   |
|---|
| CHECK BOXES AS APPROPRIATE  |
| <input type="checkbox"/> \$50 Site Fee for 2012 enclosed <input type="checkbox"/> \$50 Site Fee for 2012 already paid <input type="checkbox"/> This is my first test administration |

|                            |       |        |
|----------------------------|-------|--------|
| TEST SITE COORDINATOR NAME | PHONE | E-MAIL |
|----------------------------|-------|--------|

|                         |                           |
|-------------------------|---------------------------|
| PRACTICAL EXAMINER NAME | PRACTICAL EXAMINER E-MAIL |
|-------------------------|---------------------------|

|                 |
|-----------------|
| DATE(S) OF TEST |
|-----------------|

**The Practical Examination Test Site Coordinator assumes total responsibility for the following items:**

1. Selection of cranes and verification that at all times during the testing process the cranes are in compliance with federal and state OSHA requirements and the current ASME B30 standard
2. Verification that candidate's application for the Practical Exam is complete
3. Verification that candidate is physically and mentally capable of safe operation on the day of the Exam
4. Personal injury and/or property damage resulting from or caused in any way by the act of participation in the NCCCO Practical Examination

|                                 |      |
|---------------------------------|------|
| TEST SITE COORDINATOR SIGNATURE | DATE |
|---------------------------------|------|

### METHOD OF PAYMENT FOR TEST SITE APPLICATION FEE

*Do not send cash.*

|                          |  |                          |  |  |  |   |  |
|--------------------------|--|--------------------------|--|--|--|---|--|
| <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> |
|--------------------------|--|--------------------------|--|--|--|---|--|

**If paying by credit card, please complete the following information:**

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

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

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

\* Three-digit security code located on the back of the card in the signature panel.

**Please send application and payment to:**

National Commission for the Certification of Crane Operators  
 Western Regional Office  
 57 West 200 South, Suite 404, Salt Lake City, Utah 84101  
 Fax: 801-363-3806

# TEST SITE APPLICATION & DATA SHEET (CONT'D)

## PRACTICAL EXAMINATION—RIGGER PROGRAM

*NCCCO cannot process this application without all of the requested information.*

### SECTION A (Complete as fully as possible, including your desired test date, if known.)

|                   |                  |              |
|-------------------|------------------|--------------|
| HOST COMPANY NAME | TEST SITE NUMBER |              |
| TEST SITE ADDRESS | APPLICATION DATE | DATE OF TEST |
| CITY              | STATE            | ZIP          |

### SECTION B: RIGGER LEVEL (Check the box next to the Rigger level you plan to test on.)

|  |   |
|--|---|
| <input type="checkbox"/> RIGGER LEVEL I (COMPLETE SECTION C) | <input type="checkbox"/> RIGGER LEVEL II (COMPLETE SECTION D) |
|--|---|

### SECTION C: Verify site requirements by checking the boxes next to the following items:

|  |
|--|
| <p>1. Tables (minimum of three tables required or alternative floor space):</p> <p><input type="checkbox"/> Two 6 ft. (minimum) tables      <input type="checkbox"/> One 6 ft. (minimum) table divided in half with tape</p> <p><b>OR</b></p> <p><input type="checkbox"/> Three areas of clean floor space, each 6 ft. × 3 ft.; one area divided in half by tape</p> <p>2. <input type="checkbox"/> Pre-Test Briefing Room with adequate tables and chairs for Pre-Test Briefing of candidates</p> <p>3. <input type="checkbox"/> TV/DVD/computer for viewing of candidate video</p> <p>4. <input type="checkbox"/> Minimum attachment point and/or setup providing an adjustable 5–7 ft. connection height</p> <p>5. <input type="checkbox"/> A one-ton stable hook and attachment point/setup capable of supporting a minimum of 100 lbs.</p> <p>6. <input type="checkbox"/> NCCCO Rigger Test Kit Level I</p> |
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### SECTION D: Verify site requirements by checking the boxes next to the following items:

|  |
|--|
| <p>1. <input type="checkbox"/> One 6 ft. (minimum) table <b>or</b> one area (6 ft. × 3 ft.) of clean, clear floor space.</p> <p>2. <input type="checkbox"/> Pre-Test Briefing Room with adequate tables and chairs for Pre-Test Briefing of candidates</p> <p>3. <input type="checkbox"/> TV/DVD/computer for viewing of candidate video</p> <p>4. <input type="checkbox"/> 13 ft. (± 6 in.) height attachment point with a load test of 1,000 lbs.</p> <p>5. <input type="checkbox"/> A one-ton stable hook and attachment point/setup capable of supporting a minimum of 1,000 lbs.</p> <p>6. <input type="checkbox"/> NCCCO Rigger Test Kit Level II</p> <p>7. <input type="checkbox"/> Rigging Frame</p> |
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*Any questions regarding setup of the Rigger Practical Exams should be directed to:*

**Erin Jones at NCCCO's Western Regional Office**

**Phone: 801-363-2693**

**Fax: 801-363-3806**

**E-mail: ejones@nccco.org**