



Written Test Site Application REQUEST FORM—RIGGER PROGRAM

Please submit this form when you have found a facility that meets the test criteria and you are ready to commit to a specific exam date. **This form must be submitted at least four weeks prior to the test date selected below.** Incomplete forms or forms with no signature may delay processing. You will receive an approval letter with a site number to document on your Candidate Applications, which are due no later than two weeks prior to the Written/Practical Exam test date.

Will the Test Site be **open** to candidates outside your company/organization (and listed on the NCCCO website)? Yes No

Test Site Coordinator: Please indicate the best time of the day for the Chief Examiner to contact you: _____ a.m./p.m.

Please type or print neatly.

TEST SITE COORDINATOR		
COMPANY or ORGANIZATION		
COMPANY MAILING ADDRESS		
CITY	STATE	ZIP
TEST SITE COORDINATOR CELL PHONE	COMPANY PHONE	COMPANY FAX
E-MAIL (Test Site Coordinator/Company Representative)		
REQUESTED DATE OF TEST	<input type="checkbox"/> Check here if this is your first written test administration.	
COMPANY / ORGANIZATION AT TEST SITE LOCATION (if different from above)		
COMPANY REPRESENTATIVE AT TEST SITE LOCATION (if different from Coordinator above)	COMPANY REPRESENTATIVE CELL PHONE	
TEST SITE ADDRESS (if different from above)		
CITY	STATE	ZIP
# of Rigger Level I Candidates: _____ # of Rigger Level II Candidates: _____ # of Testing Rooms: _____	# of Rigger Candidate Handbooks required for this test administration: _____	
I have read and understand the expectations of the Test Site Coordinator as well as the Test Site Setup and Configuration as described in the Rigger Test Site Coordinator Handbook (available on the NCCCO website at www.nccco.org).		
TEST SITE COORDINATOR SIGNATURE	DATE	

Please return this Written Test Site Application Request Form for approval at least four weeks prior to requested exam date to:

International Assessment Institute—Attn: NCCCO Testing
600 Cleveland Street, Suite 900
Clearwater, FL 33755

Phone: 727-449-8525
Fax: 727-461-2746
E-mail: kim@iaiaexam.com