



Test Site Application

PRACTICAL EXAMINATION—DIGGER DERRICK OPERATOR

Please type or print neatly.

HOST COMPANY REPRESENTATIVE		TEST SITE NUMBER		
HOST COMPANY NAME				
HOST COMPANY MAILING ADDRESS				
CITY		STATE	ZIP	COUNTRY
HOST PHONE		HOST EMAIL		<input type="checkbox"/> This is a secured site. (Submit separate Security Requirements Report; see page 5 for details.)
TEST SITE ADDRESS (Physical address of where the crane(s) will be set up; P.O. Boxes not acceptable)				
CITY		STATE	ZIP	COUNTRY
CHECK BOXES AS APPROPRIATE <input type="checkbox"/> \$50 Site Fee for _____ (year) enclosed <input type="checkbox"/> \$50 Site Fee for _____ (year) already paid <input type="checkbox"/> This is my first test administration				
TEST SITE COORDINATOR NAME			TEST SITE COORDINATOR PHONE	
TEST SITE COORDINATOR EMAIL				
PRACTICAL EXAMINER NAME			PRACTICAL EXAMINER EMAIL	

The Test Site Coordinator or Company Representative assumes total responsibility for the following items:

1. Selection of cranes/digger derricks and verification that at all times during the testing process they 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. Abiding by NCCCO Practical Test Site Audit requirements

SIGNATURE	DATE
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METHOD OF PAYMENT FOR TEST SITE FEE ***Do not send cash.***

<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, please 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:

National Commission for the Certification of Crane Operators
 Western Regional Office
 57 West 200 South, Suite 404 Salt Lake City, Utah 84101
 Phone: 801-363-2693 / Fax: 801-363-3806 / Email: ejones@nccco.org