



Test Site Application

PRACTICAL EXAMINATION—SERVICE TRUCK CRANE 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		PHONE	EMAIL
PRACTICAL EXAMINER NAME		PRACTICAL EXAMINER EMAIL	
DATE(S) OF TEST			
<p>The Test Site Coordinator or Company Representative assumes total responsibility for the following items:</p> <ol style="list-style-type: none"> 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. Abiding by NCCCO Practical Test Site Audit requirements 			
SIGNATURE		DATE	

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*	

Checks and money orders should be payable to: NCCCO

* Three- or four-digit code located on the card.

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