



Recertification Application

WRITTEN EXAMINATION—ARTICULATING CRANE OPERATOR (PENCIL/PAPER TESTS ONLY)

Please type or print neatly.

| | | | | | | | | | | | | | | | |
|---|---------------|--|---------------|---------|------------------------|--|--|--|--|--|--|--|--|--|--|
| FULL LEGAL NAME (as shown on driver's license) | | First | Middle | Last | Suffix (Jr., Sr., III) | | | | | | | | | | |
| CCO CERTIFICATION NUMBER | DATE OF BIRTH | CANDIDATE ID: <table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| MAILING ADDRESS | | | | | | | | | | | | | | | |
| CITY | | STATE | ZIP | COUNTRY | | | | | | | | | | | |
| PHONE | CELL | EMAIL | | | | | | | | | | | | | |
| COMPANY/ORGANIZATION | | | COMPANY PHONE | | | | | | | | | | | | |
| COMPANY MAILING ADDRESS | | | | | | | | | | | | | | | |
| CITY | | STATE | ZIP | COUNTRY | | | | | | | | | | | |
| <input type="checkbox"/> I AM REQUESTING TESTING ACCOMMODATIONS IN COMPLIANCE WITH THE AMERICAN WITH DISABILITIES ACT (ADA). (For details on NCCCO's Testing Accommodations policy, please see www.nccco.org/accommodations .) | | | | | | | | | | | | | | | |

WRITTEN EXAMINATION FOR WHICH YOU ARE APPLYING

FILL IN the circle next to the Written Examination for which you are applying (only one) and indicate the appropriate fee(s). Total the amount due at bottom.

WRITTEN EXAMS

| | |
|---|--------|
| <i>Please refer to the Written Exam Content Outlines for the contents of each exam.</i> | |
| <input type="radio"/> Articulating Boom Crane (ABC) | 652905 |
| <input type="radio"/> Articulating Boom Crane w/Winch (ABW) | 652906 |
| <input type="radio"/> Articulating Boom Loader (ABL) | 652904 |

RECERTIFICATION EXAM FEES/RETEST FEES

| | |
|---|--|
| <input type="radio"/> Written Exam..... | \$150 |
| <input type="radio"/> Written Exam—Current CCO—certified Mobile Crane Operator..... | \$50 |
| <input type="radio"/> Written Exam—registering for Mobile Crane Operator exams at same time as Articulating Crane Operator recertification exam | \$50 |
| <hr/> | |
| OTHER FEES | |
| <input type="radio"/> Candidate Late Fee (if applicable) | \$50 |
| <input type="radio"/> Incomplete Application Fee (if applicable) | \$30 |
| <input type="radio"/> Updated CCO certification card (ONLY for candidates adding to existing operator certifications)..... | \$25 |
| TOTAL AMOUNT DUE | \$ <table border="1" style="display: inline-table; width: 80px; height: 20px; vertical-align: middle;"></table> |

RECERTIFICATION APPLICATION (CONT'D)

WRITTEN EXAMINATION—ARTICULATING CRANE OPERATOR

TEST SITE AT WHICH YOU INTEND TO TAKE THE WRITTEN EXAMINATION

| | | | |
|----------------------------|-------|---|---------|
| TEST SITE NAME | | TEST SITE COORDINATOR | |
| TEST SITE ADDRESS | | | |
| CITY | STATE | ZIP | COUNTRY |
| TEST ADMINISTRATION NUMBER | | DATE YOU INTEND TO TAKE THE CCO EXAMINATION | |




I do NOT have 1,000 hours of documented crane-related experience and must take a CCO Practical Exam for each designation for which I wish to be recertified.

I declare that the foregoing statements and those in any 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 or in connection with my certification. I expressly consent to NCCCO's release of any information consistent with NCCCO's Information Release policy. I have received a copy of the NCCCO Candidate Handbook, have read it, and agree to be bound by it. I agree to be bound by all NCCCO policies and procedures, as they may be amended from time to time, including without limitation those posted at nccco.org. I attest that I have passed a substance abuse test conducted by a recognized laboratory service and agree to comply with NCCCO's substance abuse policy. I have passed a physical exam that complies with the ASME B30 standard for my certification designation and I will continue to comply with those requirements. I further affirm either that I have maintained at least 1,000 hours of crane-related experience in the past five years or, if I have not maintained this experience, I have checked the box above this panel indicating that before my certification expires I will take and pass a practical exam for each designation for which I wish to be recertified. I understand that if at any point during my certification period I fail to meet any of the requirements outlined above, or if matters arise that can affect my capability to continue to fulfill certification requirements, I must report it to NCCCO immediately and agree to cooperate with any subsequent investigation regarding such matters.

| | |
|---------------------|------|
| CANDIDATE SIGNATURE | DATE |
|---------------------|------|

METHOD OF PAYMENT FOR CANDIDATE EXAMINATION FEES

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> |
|--|--|--|--|--|---|--|

If paying by credit card, complete the following information:

| | | | |
|------------------------------------|----------------------|-----------------|----------------------|
| CREDIT CARD NUMBER | <input type="text"/> | EXPIRATION DATE | <input type="text"/> |
| NAME (Print as it appears on card) | SIGNATURE (on card) | SECURITY CODE* | <input type="text"/> |

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

Checks and money orders should be payable to: NCCCO

Please send application and payment to:

NCCCO—Testing Services Department
1960 Bayshore Blvd.
Dunedin, Florida 34698

Phone: 727-449-8525
Fax: 727-461-2746
Email: kqualls@nccco.org

CANDIDATE APPLICATION CHECKLIST

- I have completed and signed this *Recertification Exam Application*.
- I have provided credit card information or a check or money order for the correct amount due.
- I have emailed a color digital photo (full face, no sunglasses, no hat) to photos@nccco.org and labeled it with my full name and birth date.
- I do not have a digital photo, so I am attaching a 1 3/8" X 1 3/4" passport photo with this application.

For additional information regarding *recertification*, contact:

National Commission for the Certification of Crane Operators (NCCCO)
2750 Prosperity Avenue, Suite 505
Fairfax, VA 22031

Phone: 703-560-2391
Fax: 703-560-2392

info@nccco.org
www.nccco.org