



# Recertification Application

## WRITTEN EXAMINATION—SERVICE TRUCK CRANE OPERATOR (PAPER/PENCIL TEST ONLY)

*Please type or print neatly.*

FULL LEGAL NAME <small>(as shown on driver's license)</small>		First	Middle	Last	Suffix (Jr., Sr., III)
CCO CERTIFICATION NUMBER (if previously certified)		DATE OF BIRTH		CANDIDATE ID: <small>(if previously tested)</small>	
MAILING ADDRESS					
CITY			STATE	ZIP	COUNTRY
PHONE	CELL		EMAIL		
COMPANY/ORGANIZATION				COMPANY PHONE	
COMPANY MAILING ADDRESS					
CITY			STATE	ZIP	COUNTRY

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](http://www.nccco.org/accommodations).)*

### WRITTEN EXAMINATION FOR WHICH YOU ARE APPLYING

*FILL IN the appropriate circle(s) below for correct fees.*

#### WRITTEN EXAM/RETEST FEES

<input type="radio"/> Service Truck Crane Operator Recertification Exam (655102) .....	\$150
<b>OTHER FEES</b>	
<input type="radio"/> Candidate Late Fee (if applicable) .....	\$50
<input type="radio"/> Incomplete Application Fee (if applicable) .....	\$30
<input type="radio"/> Updated/Replacement Card .....	\$25
<b>TOTAL AMOUNT DUE</b> .....	\$ <span style="border: 1px solid black; display: inline-block; width: 80px; height: 20px;"></span>

# RECERTIFICATION APPLICATION (CONT'D)

## WRITTEN EXAMINATION—SERVICE TRUCK 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 500 hours of documented crane-related experience and must take the Service Truck Crane Practical Exam 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 requirements for my certification designation and I will continue to comply with those requirements. I further affirm either that I have maintained at least 500 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
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### 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>
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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.

Email credit card receipt to: \_\_\_\_\_

Checks and money orders should be payable to: NCCCO

Please send application and payments to:

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

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