Combined Test Administration

REQUEST FORM—RIGGER & SIGNALPERSON

This form may also be completed and submitted online at: **www.nccco.org/wtar**

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 test administration number to document on your Candidate Applications, which are due no later than two weeks prior to the Written Exam test date.

This Combined Test Site is for: ☐ Signalperson/Rigger Level I ☐ Rigger Level I/Rigger Level II

Do you want your Test Site open to candidates outside your company or organization? Yes ☐ No ☐

This is my first test administration: Yes ☐ No ☐

Have you submitted your Practical Examination Test Site Application? Yes ☐ No ☐

Is this a secure site (see page 7 for details)? Yes ☐ No ☐ (If "yes" submit separate Security Requirements Report.)

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
REQUESTED DATE OF TEST	TEST SITE COORDINATOR CELL PHONE	EMAIL (Test Site Coordinator/Company Rep.)	
COMPANY PHONE	COMPANY FAX		
TEST SITE LOCATION NAME (if different from above)	COMPANY REP AT TEST SITE LOCATION (if different from Coordinator above)	COMPANY REP CELL PHONE	
TEST SITE ADDRESS ADDRESS (if different from above)	CITY	STATE	ZIP

	# of Certification Candidates:	# of Recertification Candidates:	# of Retest Candidates:	# of Testing Rooms:	# of Candidate Handbooks Needed:
Signalperson					
Rigger Level I					
Rigger Level II					

I have read and understand the expectations of the Test Site Coordinator as well as the criteria for the Test Site as described in the Signalperson Examination Test Site Coordinator Handbook.

TEST SITE COORDINATOR SIGNATURE	DATE

Please return this Combined Test Administration Request Form for approval at least four weeks prior to the requested exam date to:

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

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

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