



**NATIONAL COMMISSION FOR THE
CERTIFICATION OF CRANE OPERATORS (NCCCO)**

**WRITTEN EXAMINATION
TEST SITE COORDINATOR
HANDBOOK**

- **MOBILE CRANE OPERATOR**
- **SERVICE TRUCK CRANE OPERATOR**
- **TOWER CRANE OPERATOR**
- **OVERHEAD CRANE OPERATOR**
- **ARTICULATING CRANE OPERATOR**
- **DIGGER DERRICK OPERATOR**
- **CRANE INSPECTOR**
- **LIFT DIRECTOR**



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**NCCCO
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**ANSI Accredited Program
PERSONNEL CERTIFICATION**
0756
Mobile, Tower, Overhead,
Articulating, and Service Truck Crane
Operator, Digger Derrick Operator,
Signalperson, Rigger Level I and
Level II, Crane Inspector, and Lift
Director Programs Accredited

Dear Written Examination Test Site Coordinator:

Welcome to the Written Examination segment of the National Commission for the Certification of Crane Operators (NCCCO) national crane operator certification program. NCCCO is a nonprofit organization founded in 1995 to establish a fair and independent evaluation of crane operator knowledge and skills. Key to this industry-led effort has been the development of the CCO Written and Practical Examinations.

This nationally recognized program is the culmination of many years' hard work by experts from the varied industries and groups that use cranes, including construction, steel erection, operating engineers, utilities, crane rental, petrochemicals, pulp and paper, etc. NCCCO task forces were staffed by experts from all aspects of the crane industry—crane operators, training directors, managers, supervisors, manufacturers—who together represent many thousands of hours of crane operating experience. These volunteers gave freely of their time and expertise with the goal of improving the safety of all whose work brings them into contact with cranes and lifting equipment.

Until recently crane operator certification has been voluntary unless required by local jurisdictions or specific employers. However, in August 2010, the federal Occupational Safety and Health Administration (OSHA) enacted new national standards for cranes and derricks used in construction under 29 CFR 1926 Subpart CC. These new rules require that operators of most cranes above 2,000 lb. capacity when used in construction need to be either certified by an accredited crane operator testing organization such as NCCCO or qualified through an audited employer program. Section 1926.1427 of the new rule describes crane operator certification/qualification requirements. Option 1, which is anticipated to be the most commonly used, requires operators to be certified by a nationally accredited crane operator testing organization that tests operators through written and practical testing. Obtaining CCO certification from NCCCO meets all the requirements set forth by the new OSHA rule.

To ensure that CCO examinations are—and remain—a valid measurement of a crane operator's proficiency, NCCCO used its exam development expertise and guided its task forces in establishing key elements of the program, including identifying essential skills, selecting tasks, standardizing test conditions, developing the scoring process, establishing reliability among tests, and creating flexible application and scheduling procedures. NCCCO continually analyzes the performance of CCO exams and reports to NCCCO's Exam Management Committees.

This handbook has been developed to provide you, the Written Examination Test Site Coordinator, with all the information you need to prepare for and administer successful CCO Written Examinations. As the Written Examination Test Site Coordinator, you play a critical role in the smooth administration of CCO exams on test day. It is vitally important that you study this entire handbook carefully before making any preparations for a written test administration. The validity and reliability of the test you are planning to administer depends on your following the requirements described in this handbook precisely. Failure to do so could result in your test being declared invalid and the need to start over.

NCCCO recognizes the commitment that you have made and the resources that you will allocate to hosting CCO Written Examinations. We want your experience to be a positive and successful one, and we stand ready to assist you in reaching that goal. If, after reading this handbook, there is anything you do not fully understand or need clarifying, please call NCCCO at 703-560-2391 or email info@nccco.org. NCCCO staff will guide you through any aspects of the Written Examination administration process that you would like explained in detail.

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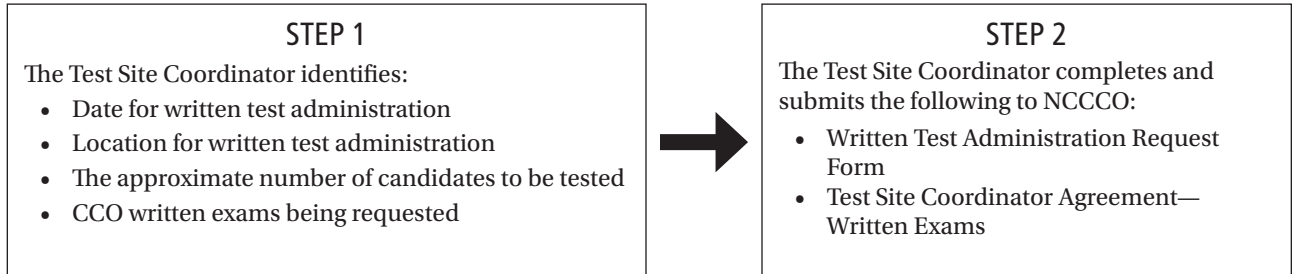
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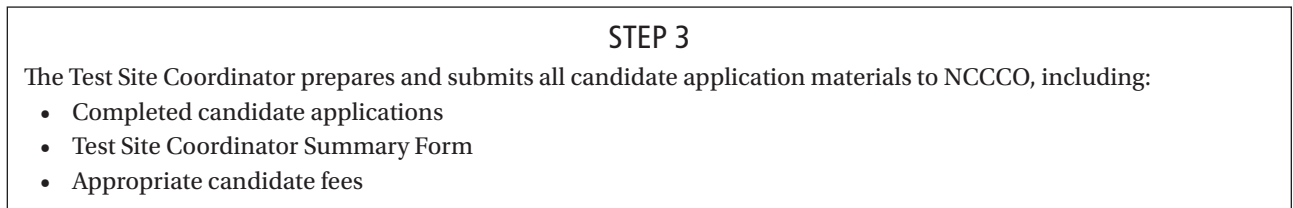
Written Examination Process

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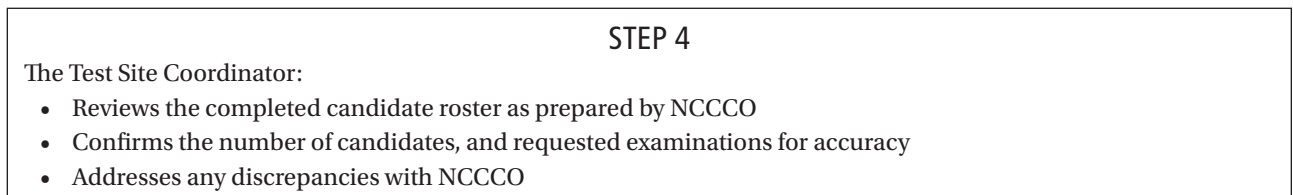


Once the request has been approved, NCCCO will email a letter of approval and confirmation to the Test Site Coordinator. The confirmation letter will include a test administration number and instructions on how to proceed.

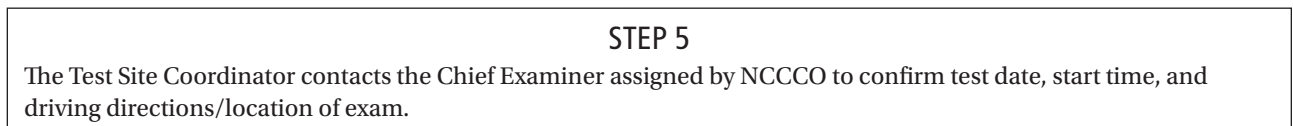
TWO OR MORE WEEKS BEFORE THE WRITTEN EXAM...



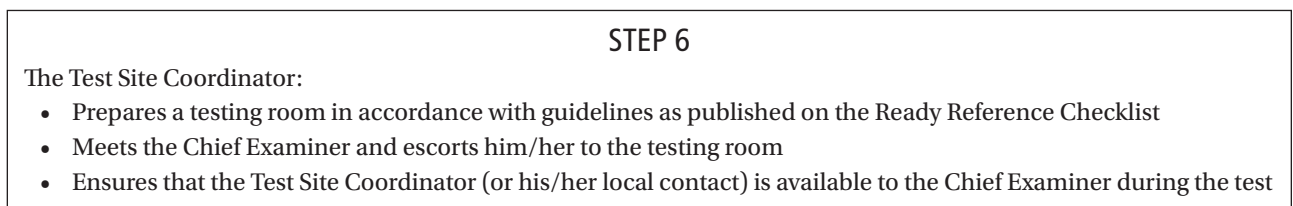
ONE WEEK BEFORE THE WRITTEN EXAM...



TWO OR MORE DAYS BEFORE THE WRITTEN EXAM...



ON THE DAY OF THE WRITTEN EXAM...





Hosting and Administering CCO Written Examinations

CRITERIA FOR TEST SITES

To be an approved NCCCO Test Site, facilities must meet all the criteria for hosting a Written Examination described herein. If the facility meets the stated criteria, NCCCO will provide all necessary information to allow tests to be scheduled.

The examination room should be set up prior to the Chief Examiner's arrival. It must provide adequate separation of candidates, as well as sufficient space for taking the examination. In addition, administration sites must meet the following requirements:

- There must be only one point of entry and exit; candidates must enter and exit through the same door
- The testing room must be an indoor facility suitable for the exam candidates, to include:
 - Quiet, well-lit, and properly ventilated, with a comfortable temperature and free from distractions to candidates
 - Accessible to candidates with special needs
 - A head table or podium at the front of the room
 - A registration table
 - Easy access to unlocked rest rooms stocked with sufficient supplies (no porta-potties)
 - Easy access to a water fountain
 - Large signs prominently posted making candidates aware of the location of the test
 - A clock visible to all candidates, preferably hanging on the wall at the front of the room so that candidates can see it without turning their heads
- The examination room should be set up in classroom style. There must be sufficient tables and space for the number of candidates registered. Make certain that the number of candidates can be seated according to the following requirements:
 - **6-foot tables:** No more than two candidates per table
 - **8-foot tables:** No more than three candidates per table
 - **Round tables:** No more than one candidate per table; these may be used, but are often insufficient due to the requirement of only one candidate per table
 - **Desks:** No more than one candidate per desk; desks may be used only if their surface area is large

enough to hold both the test booklet and answer sheet, and they must accommodate both left-handed and right-handed candidates with equal comfort

- The tables must have smooth writing surfaces and adequate space to accommodate examination booklets and answer sheets without crowding.
- There must be an adequate supply of sharpened #2 pencils for candidates to use on test day.
- The chairs must be comfortable, with an appropriate height in relation to the tables used. Chairs with backs are preferable to stools or benches without backs.
- Rest rooms must be located near the examination room(s) and must be easy to find. Post directional signs if necessary.
- Room acoustics must be good. If the room is large, make sure that a microphone is available and that it works well. Candidates in the back of the room must be able to hear verbal instructions clearly.
- There must be adequate space for Proctors to observe candidates easily.
- Parking must be sufficient to accommodate the number of vehicles expected.

ROLES AND RESPONSIBILITIES

Test Site Coordinator

The person designated by the host company or organization to liaise with NCCCO on test administration matters is known as the *Test Site Coordinator* (TSC).

The Test Site Coordinator is responsible for:

- Submitting all requested information to NCCCO in a timely fashion on the Written Test Administration Request Form and Test Site Coordinator Summary Form; Written Test Administration Requests may also be submitted online at: www.nccco.org/wtar
- Preparing a testing room in accordance with the general directions listed above under Criteria for Test Sites
- Liaising with the Chief Examiner and NCCCO in all aspects of Test Site preparation and administration
- Ensuring candidate applications are complete and submitted in accordance with stated deadlines
- Remaining on site throughout each test administration (or a designated representative)

- Signing the Test Site Coordinator Agreement Form
- Providing an email address and a cell phone number to NCCCO with the first paperwork submission (this may not be a shared email address)

NCCCO periodically emails Information Bulletins to all Test Site Coordinators containing clarifications and updated policies. To remain in good standing, Test Site Coordinators are required to abide by the information contained therein.

Chief Examiner

NCCCO has prepared strict rules and procedures for exam administration. Under these rules, the *Chief Examiner* is responsible for the administration and supervision of the examination site and staff, including the care and custody of examination materials. One Chief Examiner for each test room is required to administer the Written Exam.

The primary responsibilities of a Chief Examiner are:

- Ensuring that the security of the examination and related materials is not compromised
- Procuring adequate staff based upon registration count
- Training Proctors
- Ensuring that candidates have all of the proper materials and are following all directions for completing the forms and answer sheets accurately
- Ensuring that candidates neither give nor receive assistance in answering questions on the examination
- Securing all examination materials from time of arrival to final shipping
- Accounting for examination materials
- Supervising examination day procedures
- Conducting examinations
- Maintaining professional standards of testing practices
- Following up with necessary reports and shipping of examination materials

Proctor

Proctors assist the Chief Examiner in the administration of the exam. Proctors are under the direction of the Chief Examiner during the test administration. Proctors may not be candidates waiting to take the Written Exam.

The primary responsibilities of Proctors are:

- Assisting with set up of room before the examination
- Assisting with admittance and identification check of candidates
- Distributing examination materials
- Monitoring the examination room and observing candidate behavior
- Collecting examination materials and checking out candidates
- Assisting with maintaining examination security
- Adhering to examination time limits
- Assisting with general cleanup at the close of the examination

Chief Examiner and Proctor Eligibility

NCCCO requires all personnel who are authorized access to CCO examinations to sign an Affidavit of Non-Disclosure. Copies of these affidavits are kept on file. To avoid conflict of interest and possible breach of security, individuals who will take the examination(s) in the future may not serve as either Chief Examiner or Proctor in the administration of CCO examinations.

RECERTIFICATION

Operators, crane inspectors, and lift directors certified by NCCCO must recertify every five years by taking and passing a Written Recertification Examination.

Although Written Recertification Examinations have shorter time limits than Written Examinations for first-time candidates, they can be scheduled at regular test administrations.

Recertification candidates count towards a Test Site's overall candidate total for the purpose of avoiding site fees (minimum 15 candidates); see Applying to Host an CCO Written Examination for details.

For more information about recertification, see the appropriate Candidate Handbook or contact NCCCO at 703-560-2391 or via email at info@nccco.org.

TESTING ACCOMMODATIONS

NCCCO provides reasonable accommodations in accordance with the Americans with Disabilities Act (ADA) for individuals with documented disabilities who demonstrate a need for accommodation. In accordance

with the Americans with Disabilities Act, NCCCO does not discriminate against individuals with disabilities in providing access to its examination program.

The Americans with Disabilities Act of 1990 and accompanying regulations define a person with a disability as someone with a physical or mental impairment that substantially limits one or more major life activities, such as walking, seeing, hearing, or learning.

The purpose of accommodations is to provide equal access to CCO examinations. Accommodations match up with the identified functional limitation so that the area of impairment is relieved with an auxiliary aid or an adjustment to the testing procedure. *Functional limitation* refers to the aspects of a disability that interfere with an individual's ability to function; that is, what someone cannot do on a regular and continuing basis as a result of the disability.

The purpose of documentation is to validate that an applicant for test accommodations is covered under the ADA as a disabled individual. Comprehensive information by a qualified professional is necessary to allow NCCCO to understand the nature and extent of the applicant's disability and the resulting functional impairment that limits access to its examinations. Documentation also allows NCCCO to provide appropriate accommodations for such a disability.

NCCCO will provide, without cost to the candidate, reasonable accommodations designed to facilitate equal access to its certifying examinations for those candidates whose documentation supports such a determination. In no case will accommodations be provided that would compromise the examination's ability to test accurately the skills and knowledge it professes to measure. Similarly, no auxiliary aid or service will be provided that would fundamentally alter the examination.

NCCCO strictly adheres to a policy of confidentiality and does not disclose names of applicants with disabilities or information concerning the application or accompanying documentation. Examinations administered with accommodations are not identified to third-party score recipients and are scored no differently than examinations of other applicants.

Arrangements for persons with disabilities will be provided upon approval. All requests for accommodations must be submitted by the applicant. To apply for accom-

modations, please download the NCCCO Application for Test Accommodations and the NCCCO Guidelines for Documenting a Request for Test Accommodations from the NCCCO website. For further information, see the complete NCCCO Testing Accommodations Policy at: www.nccco.org/accommodations.

If you have any questions or need clarification, please contact NCCCO at (703) 560-2391.

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Applying to Host CCO Written Examinations

All requests for paper/pencil test (PPT) administrations must be made on the Written Test Administration Request Form at least four weeks prior to the desired test date. Written Test Administration Requests can also be completed online at www.nccco.org/wtar.

Once the request has been approved, NCCCO will email a letter of approval and confirmation to the Test Site Coordinator. The confirmation letter will include instructions on how to proceed with the candidate applications and a test administration number that must be included on candidate applications for that Test Site and secured test date.

Candidates also have the option of taking their Written Exams at approximately 300 PSI computer-based testing (CBT) facilities around the country. See the appropriate candidate handbook(s) for CBT application procedures and fees.

TEST SCHEDULING OPTIONS

Regular Schedule

With a guarantee of at least 15 candidates, there is no additional fee for Test Sites that submit a Written Test Administration Request Form at least four weeks prior to the desired test date.

Later Test Site Applications

Test Sites may apply with less than four weeks' notice subject to the following fees:

- Less than four weeks to three weeks prior to exam: \$200
- Less than three weeks to two weeks prior to exam: \$300

Test Sites with Fewer than 15 Candidates

Test Sites may test fewer than 15 candidates at one time, subject to the following fees:

- 11-14 candidates: \$200 flat fee, plus candidate fees
- 1-10 candidates: \$300 flat fee, plus candidate fees

APPLICATION DEADLINES

Tests can be administered at anytime so long as application deadlines are adhered to. Sample deadlines shown are for a test date of January 29.

Written Test Administration Request Form due four weeks prior to test date.

Candidate Applications and Test Site Coordinator Summary Form due two weeks prior to test.

Test Day

January						
S	M	T	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
	28	29	30	31		

Expedited Test Administrations

Test Sites may request expedited candidate application processing and score reporting for an additional fee. Fees are based on the specific circumstances of the test administration requested. Contact NCCCO for more details.

SECURE TEST SITES

Test Sites with limited access and/or enhanced security protocols that might interfere with the ability of testing personnel to administer tests are required to indicate on their Written Test Administration Request from that they are secure sites. They must also complete the enclosed Security Requirements Report and provide any associated documentation (such as the site's formal security policy), all of which should be submitted along with the Written Test Administration Request Form.

SITE CANCELLATION/RESCHEDULING FEES

Test Sites will be required to pay a cancellation fee of \$400 if they cancel without giving 15 days' prior notice in writing to NCCCO. Test Sites that cancel or reschedule between 16 and 30 days prior to the scheduled test date will be required to pay a fee of \$100.

Deadlines

Please note that all deadlines are based on UPON RECEIPT deadlines to NCCCO. Candidates/Test Site Coordinators are solely responsible for making sure that complete and accurate applications reach NCCCO by the stated deadline.

CANDIDATE APPLICATION FEES

The appropriate fees must be enclosed with the candidates' applications (see table on following page). Checks and money orders payable to NCCCO are preferred. Credit cards (VISA, MasterCard, or American Express) may also be used. Do not send cash. Please do not staple the check or money order to the application form, but do include payment in the envelope with all the other application materials. All returned checks that cannot be processed are subject to a \$30 fee.

EXAM DESCRIPTION	EXAM FEES	RETEST FEES	RECERTIFICATION FEES	RECERTIFICATION RETEST FEES
Mobile Crane Operator Written Examinations:				
Core Exam plus any one Specialty Exam	\$165	\$165	\$150	\$150
Core Exam plus any two Specialty Exams*	\$175	\$175	\$155	\$155
Core Exam plus any three Specialty Exams*	\$185	\$185	\$160	\$160
Core Exam plus any four Specialty Exams*	\$195	\$195	\$165	\$165
Core Exam only	—	\$165	—	\$150
One Specialty Exam only (Core passed)	\$65	\$65	\$50	\$50
Two Specialty Exams only (Core passed)*	\$75	\$75	\$55	\$55
Three Specialty Exams only (Core passed)*	\$85	\$85	\$60	\$60
Four Specialty Exams only (Core passed)*	—	\$95	—	\$65
Service Truck Crane Operator Written Examination:				
Written Exam—Service Truck Crane only	\$165	\$165	—	—
Tower Crane Operator Written Examination:				
Written Exam—Tower Crane only	\$165	\$165	\$150	\$150
Written Exam—Current CCO–certified Mobile Crane Operator or new candidate registering for Mobile Crane Operator exams at the same time as Tower Crane exam*	\$50	\$50	\$50	\$50
Overhead Crane Operator Written Examination:				
Written Exam—Overhead Crane only	\$165	\$165	\$150	\$150
Written Exam—Current CCO–certified Mobile Crane Operator or new candidate registering for Mobile Crane Operator exams at the same time as Overhead Crane exam*	\$50	\$50	\$50	\$50
Articulating Crane Operator Written Examination (includes Articulating Boom Cranes and Articulating Boom Loaders):				
Written Exam—Articulating Crane only	\$165	\$165	\$150	—
Written Exam—Current CCO–certified Mobile Crane Operator or new candidate registering for Mobile Crane Operator exams at the same time as Articulating Crane exam*	\$50	\$50	\$50	—
Digger Derrick Operator Written Examination:				
Written Exam—Digger Derrick Operator only	\$165	\$165	—	—
Written Exam—Current CCO–certified Mobile Crane Operator or new candidate registering for Mobile Crane Operator exams at the same time as Digger Derrick exam*	\$50	\$50	—	—
Crane Inspector Written Examinations:				
Core Inspector Exam	\$250	\$250		
Mobile Crane Inspector Exam	\$250	\$250		
Tower Crane Inspector Exams	\$250	\$250		
Overhead Crane Inspector Comprehensive Exam	\$350	\$350		
Lift Director Written Examinations:				
Lift Director Core Exam	\$150	\$150	—	—
Lift Director—Mobile Cranes Specialty Exam	\$150	\$150	—	—
Lift Director—Tower Cranes Specialty Exam	\$150	\$150	—	—

***To receive discounted pricing all written exams must be taken at the same test administration.**

Additional fees:

Updated/replacement Certification Card (for current CCO card holders only)	\$25
Duplicate Score Reports	\$25
Rescheduling Fee (must notify at least seven days in advance)	\$25
Returned Check Fee	\$30
Incomplete Application Fee (includes incomplete payment, invalid credit card, and/or changes to scheduled exams)	\$30
Candidate Application Late Fee (see Late Applications)	\$50

All application materials must be received at NCCCO's office according to the sample schedule outlined above.

Late Applications

Applications received after the application deadlines, but at least four business days prior to the exam administration date are subject to a \$50 late fee. This fee must be included with the late application(s).

For example, for a test administration on a Saturday, late applications that arrive at NCCCO's testing office by 5:00 p.m. (ET) on the Monday evening prior to the test can be accepted. Candidate applications that arrive after that time cannot be accepted.

Walk-in candidates cannot be accepted under any circumstances.

RETEST POLICY

If a candidate fails a Written Exam, he/she may retake it at a paper/pencil test site or a computer-based test site.

LENGTH OF TEST DAY

CCO written exams are carefully designed to provide a reliable and valid assessment of a candidate's knowledge and skills. Time limits are carefully determined for each written exam to allow enough time for a prepared candidate to complete the exam and to provide for an efficient and successful administration of all exams to scheduled candidates on testing day.

To provide each candidate with a fair and standardized administration of the written examination(s), and to ensure the reliability and validity of the written examinations is maintained, it is not recommended that a candidate schedule written exams totaling more than six hours of testing time on the same day.

RESCHEDULING, CANCELLATIONS, AND WITHDRAWALS

Should a candidate be unable to sit for the examination, NCCCO must receive notification in writing no later than seven business days prior to the examination date. Candidate fees will be held up to one year. When the candidate reschedules, at that time he/she will need to pay an additional \$25 rescheduling fee. Candidates who wish to reschedule their examinations **MUST** notify NCCCO and

submit the necessary documentation and fees to NCCCO by the deadline for the rescheduled test date.

Candidates withdrawing or canceling after the deadline or not sitting for the examination will forfeit all application fees and will **NOT** receive a refund.

Emergency Cancellations or Withdrawals

ONLY the following situations will be accepted as grounds for emergency cancellations or withdrawals by a candidate:

- **Called to work**—supporting documentation required: *letter from employer*
- **Candidate illness**—supporting documentation required: *doctor's note*
- **Family death**—supporting documentation required: *death certificate or obituary notice*

Requests for medical and personal emergency withdrawals are handled by NCCCO's Testing Services Department. Candidates must write a letter to NCCCO describing their situation, including their full name, address, and social security number, along with the scheduled test date, site number, and supporting documentation indicated above.

NCCCO MUST receive this written notification within seven business days after the scheduled examination date or the candidate will forfeit all application fees.

Candidates will be allowed to reschedule for a future examination administration up to one year from the emergency cancellation or withdrawal.

Candidates will NOT receive a refund if they decide they no longer wish to take the test.

SCORE REPORTS

All candidates receive a report of their performance from NCCCO within approximately 12 business days after the examination administration. Written exam score reports include a strength and weakness report by content domain.

Test Site Coordinators may request Pass/Fail Score Reports and/or Detailed Score Reports on candidates taking the Written Examination at their Test Site. The appropriate form must be filled out and returned to NCCCO along with a \$50 processing fee. Note that requests for Detailed

Score Reports must include the release signature of each candidate.

Report requests will be processed upon receipt at NCCCO and provided to Test Site Coordinators after the exams are scored (normally within 10 business days of the exam).

PRACTICAL EXAMINATION

Operator candidates must pass both a Written Exam and a Practical Exam for the designation(s) they wish to be certified in. Candidates have 12 months after they pass their first Exam (Written or Practical) in which to take the corresponding Written or Practical Exam. Candidates may take their Written and Practical Exams in any order. For example, a candidate passing the Written Exams (Core + Specialty) for the Telescopic Boom Cranes—Swing Cab (TLL) designation in January 2011 has until the end of January 2012 to pass the Telescopic Boom Cranes—Swing Cab (TLL) Practical Exam. Crane Inspector candidates do not take a practical exam, so this policy applies to all Crane Inspector written exams.

Any tests passed within a 12-month period count towards certification. For example, a candidate who passes the Written Core Exam in January 2011 and the Practical Exam in June 2011 but does not pass the corresponding Written Specialty Exam until February 2012 will then be required to retake (and pass) the Written Core Exam. The Practical Exam would count toward certification until the end of June 2012.



Typical Test Day Schedule

TIME	ACTIVITY
7:30 a.m.–8:00 a.m.	Chief Examiner and Proctors arrive at Test Site Check and prepare testing room
8:00 a.m.–8:15 a.m.	Candidates sign in Check candidate IDs Seat candidates
8:15 a.m.–8:30 a.m.	Chief Examiner reads instructions to candidates*
8:30 a.m.–10:00 a.m.	Mobile Core, Tower Crane Operator, Overhead Crane Operator, Articulating Crane Operator, Digger Derrick Operator, Service Truck Crane Operator, Rigger, Crane Inspector Core, Overhead Crane Inspector Comprehensive Exam, or Lift Director Core Exam
10:00 a.m.–10:15 a.m.	Break (Collect and count all materials)
10:15 a.m.–10:30 a.m.	Candidates arrive and are admitted for the Mobile Specialty, Tower Crane Operator, Overhead Crane Operator, and/or Rigger Exams Chief Examiner reads instructions to candidates* Distribute examination booklets and answer sheets
10:30 a.m.–11:30 a.m.	First Mobile Specialty, Tower Crane Operator, Overhead Crane Operator, Rigger, Crane Inspector Specialty Exam, or Lift Director Specialty Exam
11:30 a.m.–11:40 a.m.	Collect and count all materials Distribute examination booklets and answer sheets
11:40 a.m.–12:40 p.m.	Second Mobile Specialty, Tower Crane Operator, Overhead Crane Operator, or Rigger Exam
12:40 p.m.–1:10 p.m.	Lunch Break
1:10 p.m.–1:20 p.m.	Chief Examiner reads instructions to candidates* Distribute examination booklets and answer sheets
1:20 p.m.–2:20 p.m.	Third Mobile Specialty, Tower Crane Operator, Overhead Crane Operator, or Rigger Exam
2:20 p.m.–2:30 p.m.	Collect and count all materials Distribute examination booklets and answer sheets
2:30 p.m.–3:30 p.m.	Fourth Mobile Specialty, Tower Crane Operator, Overhead Crane Operator, or Rigger Exam
3:30 p.m.–3:40 p.m.	Collect and count all materials Distribute examination booklets and answer sheets
3:40 p.m.–4:40 p.m.	Tower Crane Operator, Overhead Crane Operator, or Rigger Exam
4:40 p.m.	Collect and count materials Dismiss candidates

For logistical reasons, and in fairness to each candidate, it is not recommended that a candidate schedule written exams totaling more than six hours of testing time on the same day.

**Since some candidates may take only a Mobile Specialty exam and not the Mobile Core, Tower Crane Operator, Overhead Crane Operator, Articulating Crane Operator, or Rigger exams, the Chief Examiner is required to read the instructions at the start of the Mobile Core exam, at the start of the first Mobile Specialty exam, before the start of the third Mobile Specialty exam (if lunch is scheduled), and before the start of the final Tower Crane Operator, Overhead Crane Operator, or Rigger exam. For details on administering Rigger Exams, see the Rigger Test Site Coordinator Handbook.*

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Test Administration Forms

ALL PROGRAMS

Please photocopy all sides of the following forms for your use in applying for CCO Written Examinations:

- **Written Test Administration Request Form**
- **Test Site Coordinator Agreement Form**
- **Ready Reference Checklist—Written Test Site**
- **Test Site Coordinator Summary Form**
- **Detailed Score Report Request Form**
- **Pass/Fail Report Request Form**
- **Security Requirements Report**

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Written Test Administration REQUEST FORM

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.*

Test Site can seat up to _____ candidates. There are _____ (number) testing rooms at this Test Site.

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

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 NAME		
TEST SITE COORDINATOR COMPANY or ORGANIZATION		
TEST SITE COORDINATOR COMPANY MAILING ADDRESS		
CITY	STATE	ZIP
TEST SITE COORDINATOR CELL PHONE	COMPANY PHONE	COMPANY FAX
TEST SITE COORDINATOR EMAIL		
REQUESTED DATE OF TEST	<input type="checkbox"/> Check here if this is your first written test administration. <input type="checkbox"/> This is a secured site. (Submit separate Security Requirements Report; see page 5 for details.)	
TEST SITE LOCATION NAME (if different from above)		
DESIGNATED REPRESENTATIVE AT TEST SITE LOCATION (if different from Coordinator above)	REPRESENTATIVE CELL PHONE	
TEST SITE ADDRESS (if different from above)	REPRESENTATIVE EMAIL	
CITY	STATE	ZIP

WRITTEN EXAMS SUMMARY	Mobile Cranes	Tower Cranes	Overhead Cranes	Articulating Cranes	Digger Derricks	Rigger Level I	Rigger Level II	Signal-person	Crane Inspector	Lift Director
# of Certification Candidates:										
# of Retest Candidates:										
# of Recertification Candidates:								N/A		
# of Candidate Handbooks Needed:										

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 Written Examination Test Site Coordinator Handbook available on the NCCCO website at www.nccco.org/handbooks.

TEST SITE COORDINATOR SIGNATURE	DATE
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Please return this Application Form for approval at least four weeks prior to exam 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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Test Site Coordinator Agreement FOR CCO WRITTEN EXAMINATIONS

Thank you for your application to be a Test Site Coordinator for CCO Written Examinations. Test Site Coordinators play a critical role in the CCO examination process, from the initial site application, through the collection and submission of candidate applications to NCCCO, to serving as liaison with the Examiner on test day. To ensure a smooth administration of CCO certification exams, it is critical that Test Site Coordinators fulfill their duties in a competent and professional manner. Please review the following Agreement and sign below where indicated, acknowledging that you have read and understood this Agreement and that, should your application be successful, you agree to abide by all of its provisions. NOTE: If your employment or affiliation changes from the company/organization listed below, you must complete and execute this form anew.

As a Test Site Coordinator for CCO Written Examinations, I certify and acknowledge that:

1. I will not disclose (nor cause to be disclosed) to anyone outside of NCCCO any confidential information I obtain as a result of my participation as a Test Site Coordinator in the CCO certification program, including, without limitation, the content of any examination.
2. I have read all applicable NCCCO policies and procedures, particularly those detailed in the Written Examination Test Site Coordinator Handbook, and I agree to be bound by the same.
3. I have read NCCCO's Criteria for Test Sites and agree to prepare all Test Sites in accordance with the general directions set forth therein.
4. I agree to provide authorized personnel with access to the Test Site on test day and to remain (or arrange for my designated representative(s) to remain) at the Test Site throughout the test administration.
5. If I arrange for one or more representatives to remain at the Test Site, I agree to explain the responsibilities and obligations of a Test Site Coordinator to such persons and to ensure their compliance therewith.
6. I understand that the site for which I am a Test Site Coordinator may be audited by NCCCO and that I am required to cooperate fully with the NCCCO Auditor.
7. I agree to meet all applicable deadlines for submitting the Written Examination Test Administration Request Forms and Test Site Coordinator Summary Forms.
8. I agree to ensure that all Candidate Applications I submit are complete and in compliance with stated NCCCO policies and procedures, including any required payments.
9. I agree to pay any and all fees that are due in a timely fashion, including any additional fees I may incur by submitting incomplete or late applications.
10. I agree not to make, and not to knowingly allow any other person to make, any material misrepresentation or omission of fact in any document I submit to NCCCO.
11. I am acting on my own behalf and/or on behalf of the company or organization set forth below, and I am not acting to circumvent a prior NCCCO suspension or revocation.
12. I agree to conduct my affairs with NCCCO, any Examiner, clients, and candidates in a professional manner, according to accepted codes of business conduct.

I understand that non-compliance with any of these provisions may result in the revocation or suspension of my status as a Test Site Coordinator for CCO Written Examinations. I agree that any questions or other matter arising under this agreement will be governed by and construed in accordance with the laws of the State of Virginia, without regard to choice of law rules. All actions and proceedings arising out of or relating directly or indirectly to this agreement will be filed and litigated exclusively in any state court or federal court located in the State of Virginia. I expressly consent to the jurisdiction of these courts.

SIGNED		DATE
NAME	EMAIL	
COMPANY/ORGANIZATION		
ADDRESS		
CITY	STATE	ZIP
TELEPHONE	FAX	CELL

Please complete and submit 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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Ready Reference Checklist

WRITTEN EXAMINATION TEST SITE

TEST ADMINISTRATION APPLICATION PROCEDURE

1. Complete the Written Test Administration Request Form in this handbook (or use online form at www.nccco.org/wtar) and submit it to NCCCO *at least four weeks prior to the requested test date*.
2. Once your site is approved, NCCCO will send you a Test Site approval letter with a test administration number for this secured date and site location.
3. *Two weeks before submitting Crane Inspector Candidate Applications*, make sure that all Crane Inspector candidates' Experience Forms have been submitted. Crane Inspector Candidate Applications will not be accepted without Experience Forms being completed and reviewed.
4. *Two weeks before the test date* use the Test Site Coordinator Summary Form to provide the total number of each type of candidate applications submitted to NCCCO. Use the Test Administration Procedure checklist below to be sure you have completed all required steps.

TEST ADMINISTRATION PROCEDURE CHECKLIST

- Enclose Candidate Applications including the payment information page if candidate is paying for the test. Verify that all applications are completed properly and signed.
- Enclose Test Site Coordinator Summary Form completed with all information requested. Verify that the Test Site location information is completed and all candidate information entered.
- Enclose payment for group by company/organization; verify that a check or money order is enclosed or credit card information is properly completed and signed and the total amount entered.

TEST ROOM CHECKLIST

- Quiet, well-lit, properly ventilated surroundings with a comfortable temperature and free from distraction
- Accessible to candidates with special needs
- Head table or podium at the front of the room
- Registration table
- Easy access to unlocked rest rooms stocked with sufficient supplies
- Easy access to water fountain
- Large signs prominently posted making candidates aware of the location of the test
- A clock visible to all candidates, preferable at the front of the room
- Sufficient tables with smooth writing surface and enough space for the number of candidates registered
- Comfortable chairs (with backs) with an appropriate height in relation to the tables
- Room has good acoustics to allow candidates to hear instructions clearly
- Adequate space for Proctors to observe candidates easily
- Parking sufficient to accommodate the number of vehicles expected

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Test Site Coordinator SUMMARY FORM

Please type or print neatly.

TEST SITE COORDINATOR		
COMPANY or ORGANIZATION		
COMPANY MAILING ADDRESS		
CITY	STATE	ZIP
TEST SITE COORDINATOR CELL PHONE	COMPANY PHONE	COMPANY FAX
EMAIL (Test Site Coordinator/Company Representative)		
TEST DATE	TEST ADMINISTRATION NUMBER	
COMPANY / ORGANIZATION AT TEST SITE LOCATION (if different from above)		
COMPANY REPRESENTATIVE AT TEST SITE LOCATION (if different from Coordinator above)		
TEST SITE ADDRESS (if different from above)		
CITY	STATE	ZIP
Number of Candidates: <input style="width: 50px; height: 20px;" type="text"/>	Candidate Fees: \$ _____	
	Candidate Late Fees: \$ _____	
	Test Site Late Fees: \$ _____	
	Special Administration Fees: \$ _____	
	Total Amount of Fees Enclosed: \$ <input style="width: 100px; height: 20px;" type="text"/>	

METHOD OF PAYMENT *(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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Checks and money orders should be payable to: NCCCO

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.

Please return this Test Site Coordinator Summary Form along with all Candidate Application Forms 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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Detailed Score Report Request Form FOR CCO WRITTEN EXAMINATIONS

If you wish to receive a Detailed Score Report on candidates taking the CCO examination(s), please fill out this form and submit it, along with a \$50 processing fee, to NCCCO when you return your test administration materials for each administration:

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

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

You must submit this form for each test administration. Scores are the property of the candidate, and his/her consent must be obtained before NCCCO can release the scores to a third party. Please have the candidate sign under the release statement below.

Please type or print neatly.

NAME OF REQUESTOR		PHONE	
COMPANY NAME		EMAIL	
MAILING ADDRESS			
CITY		STATE	ZIP
TEST ADMINISTRATION NUMBER	TEST DATE	SIGNATURE	

CANDIDATE RELEASE STATEMENT

Notice to Candidate: By signing this form, you are giving your permission to the National Commission for the Certification of Crane Operators (NCCCO) to release the details of your test scores directly to the person listed above as the "Requestor."

CANDIDATE NAME (printed)	SOCIAL SECURITY # (last four)*	CANDIDATE RELEASE SIGNATURE
1.		
2.		
3.		
4.		
5.		
6.		
7.		

* Last four digits of social security number required to assure correct candidate identification.

METHOD OF PAYMENT FOR DETAILED SCORE REPORT REQUEST

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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Checks and money orders should be payable to: NCCCO

If paying by credit card, please complete the following information:

CREDIT CARD NUMBER	EXPIRATION DATE	SECURITY CODE*
NAME (Print as it appears on card)	SIGNATURE (on card)	

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

DETAILED SCORE REPORT REQUEST FORM (CONT'D)

TEST ADMINISTRATION NUMBER	TEST DATE	NAME OF REQUESTOR
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CANDIDATE RELEASE STATEMENT

Notice to Candidate: By signing this form, you are giving your permission to the National Commission for the Certification of Crane Operators (NCCCO) to release the details of your test scores directly to the person listed above as the "Requestor."

CANDIDATE NAME (printed)	SOCIAL SECURITY # (last four)*	CANDIDATE RELEASE SIGNATURE
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
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22.		
23.		
24.		
25.		
26.		
27.		
28.		
29.		
30.		
31.		
32.		

* Last four digits of social security number are required to assure correct candidate identification.



Pass/Fail Report Request Form FOR CCO WRITTEN EXAMINATIONS

If you wish to receive a Pass/Fail Report on candidates taking the CCO examination(s), please fill out this form and submit it, along with a \$50 processing fee, to NCCCO when you return your Test Administration materials for each administration. **You must submit this form for each test administration.**

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

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

Please type or print neatly.

NAME OF REQUESTOR		PHONE	
COMPANY NAME		EMAIL	
COMPANY MAILING ADDRESS			
CITY		STATE	ZIP
TEST ADMINISTRATION NUMBER	TEST DATE	SIGNATURE	

CANDIDATE NAME (printed)	*SOCIAL SECURITY #	CANDIDATE NAME (printed)	*SOCIAL SECURITY #
1.		14.	
2.		15.	
3.		16.	
4.		17.	
5.		18.	
6.		19.	
7.		20.	
8.		21.	
9.		22.	
10.		23.	
11.		24.	
12.		25.	
13.		26.	

* Last four digits of social security number required to assure correct candidate identification.

METHOD OF PAYMENT FOR PASS/FAIL REPORT REQUEST

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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Checks and money orders should be payable to: NCCCO

If paying by credit card, please complete the following information:

CREDIT CARD NUMBER	EXPIRATION DATE	SECURITY CODE*
NAME (Print as it appears on card)	SIGNATURE (on card)	

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



Security Requirements Report

WRITTEN EXAMINATIONS

A secured test site is a site that requires additional security clearance or security procedures for off-site personnel. If the Test Site Application indicates that the test site is a secure facility, please complete this form and submit it with the Test Site Application.

Please type or print neatly.

SECURITY CONTACT REPRESENTATIVE		PE TEST SITE NUMBER (OBTAIN FROM TEST SITE COORDINATOR)	
HOST COMPANY NAME			
HOST COMPANY MAILING ADDRESS			
CITY		STATE	ZIP
SECURITY CONTACT PHONE	SECURITY CONTACT FAX	SECURITY CONTACT EMAIL	
TEST SITE ADDRESS (Physical address of where the crane(s) will be set up; P.O. Boxes not acceptable)			
CITY		STATE	ZIP

1. Does the site have a secured entrance? Yes No
2. If the site has multiple entrances, which entrance should testing personnel and/or NCCCO staff use to access testing location? _____

3. What type(s) of credentials or proof of training are required to gain access to the site? _____

4. How much time is required for a security review? _____
5. Can security reviews be performed in advance of testing personnel and/or NCCCO staff arriving at secure site?
 Yes No
6. Does the site have other site-specific requirements or protocols? (Describe below or attach written security policy.)

SECURITY CONTACT SIGNATURE	DATE
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Please complete and submit to:

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

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



Candidate Forms

ALL PROGRAMS

Please photocopy all sides of the following forms for your use in applying for CCO certification exams:

- **Candidate Application—Written Examination: Mobile, Tower, & Overhead Crane Operator**
- **Candidate Application—Written Examination: Service Truck Crane Operator**
- **Candidate Application—Written Examination: Articulating Crane Operator**
- **Candidate Application—Written Examination: Digger Derrick Operator**
- **Recertification Application—Written Examination: Mobile, Tower, & Overhead Crane Operator**
- **Recertification Application—Written Examination: Articulating Crane Operator**
- **Candidate Application—Written Examination: Crane Inspector**
- **Candidate Application—Written Examination: Lift Director**
- **Physical Examination Form**
- **Physician Instructions for Medical Examinations**
- **Change of Address Form**

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Candidate Application

WRITTEN EXAMINATION—MOBILE, TOWER & OVERHEAD CRANE OPERATOR (PAPER/PENCIL TESTS 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		SOCIAL SECURITY #		
MAILING ADDRESS			CITY	STATE	ZIP	
PHONE	CELL	FAX		EMAIL		
COMPANY/ORGANIZATION				PHONE		
COMPANY MAILING ADDRESS			CITY	STATE	ZIP	
<input type="checkbox"/> I AM REQUESTING TESTING ACCOMMODATIONS IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT (ADA). (For details on NCCCO's Testing Accommodations policy, please see http://www.nccco.org/accommodations)						

WRITTEN EXAMINATION(S) FOR WHICH YOU ARE APPLYING

FILL IN the circle next to the crane type(s) for which you are applying; for Mobile Cranes, **CHECK** the load chart you want to use for that crane type. Also **FILL IN** the appropriate circle(s) below for correct fees. **NOTE:** If you are registering for Mobile Crane exams, you must register for the Mobile Core Exam and at least one Specialty Exam (unless you are a Retest Candidate).

If you are recertifying, please use separate Recertification Written Examination Application Form.

WRITTEN EXAMS

		LOAD CHARTS
<input type="radio"/> Mobile Core Exam	652603	<small>(Check one for each Specialty Exam)</small>
<input type="radio"/> Lattice Boom Crawler (LBC)	652620	<input type="checkbox"/> Terex/American
	652607	<input type="checkbox"/> Manitowoc
<input type="radio"/> Lattice Boom Truck (LBT)	652609	<input type="checkbox"/> Link-Belt
	652610	<input type="checkbox"/> Manitowoc
<input type="radio"/> Telescopic Boom—Swing Cab (TLL)	652612	<input type="checkbox"/> Grove (Truck Mount)
	652613	<input type="checkbox"/> Link-Belt (Rough Terrain)
<input type="radio"/> Telescopic Boom—Fixed Cab (TSS)	652616	<input type="checkbox"/> Manitex (Boom Truck)
	652660	<input type="checkbox"/> Shuttlelift (Carry Deck)
<input type="radio"/> Boom Truck—Fixed Cab (BTF)	652671	<input type="checkbox"/> Manitex (Boom Truck)
<input type="radio"/> Tower Crane	654601	
<input type="radio"/> Overhead Crane	653601	

OTHER FEES

- Candidate Late Fee (if applicable) \$50
- Incomplete Application Fee (if applicable) \$30
- Updated/Replacement Card..... \$25

ADD TO TOTAL AMOUNT AT RIGHT →

WRITTEN EXAM/RETEST FEES

MOBILE CRANE EXAMS

- Core Exam plus one Specialty Exam \$165
- Core Exam plus two Specialty Exams \$175
- Core Exam plus three Specialty Exams \$185
- Core Exam plus four Specialty Exams \$195

RETEST or ADDED SPECIALTY FEES

- Core Exam only or Core plus one Specialty (Retest) \$165
- One Specialty Exam (Retest or Added Specialty) \$65
- Two Specialty Exams (Retest or Added Specialty) \$75
- Three Specialty Exams (Retest or Added Specialty)..... \$85
- Four Specialty Exams (Retest)..... \$95

TOWER CRANE EXAMS

- Tower Crane Written Exam (new Candidate)..... \$165
- Tower Crane Written Exam (current CCO-certified Mobile Crane Operator, or new candidate taking exam same time as Mobile Crane exams) \$50

OVERHEAD CRANE EXAMS

- Overhead Crane Written Exam (new Candidate) \$165
- Overhead Crane Written Exam (current CCO-certified Mobile Crane Operator, or new candidate taking exam same time as Mobile Crane exams) \$50

TOTAL AMOUNT DUE \$

CANDIDATE APPLICATION (CONT'D)

WRITTEN EXAMINATION—MOBILE, TOWER, & OVERHEAD 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
TEST ADMINISTRATION NUMBER	DATE YOU INTEND TO TAKE THE CCO EXAMINATION	

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 consent to NCCCO's release of any information regarding this application and my examination administration to third parties, 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 also 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 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>
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If paying by credit card, 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:

NCCCO—Testing Services Department
 1960 Bayshore Blvd.
 Dunedin, Florida 34698
 Phone: 727-449-8525
 Fax: 727-461-2746
 Email: kqualls@nccco.org



Candidate 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		SOCIAL SECURITY #		
MAILING ADDRESS			CITY	STATE	ZIP	
PHONE	CELL	FAX	EMAIL			
COMPANY/ORGANIZATION			PHONE			
COMPANY MAILING ADDRESS			CITY	STATE	ZIP	
<input type="checkbox"/> I AM REQUESTING TESTING ACCOMMODATIONS IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT (ADA). (For details on NCCCO's Testing Accommodations policy, please see 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 Written Exam—new candidate (655101)	\$165
OTHER FEES	
<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
TOTAL AMOUNT DUE	\$ <input style="width: 100px;" type="text"/>

CANDIDATE 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
TEST ADMINISTRATION NUMBER	DATE YOU INTEND TO TAKE THE CCO EXAMINATION	

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 consent to NCCCO's release of any information regarding this application and my examination administration to third parties, 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 also 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 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	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:

NCCCO—Testing Services Department
 1960 Bayshore Blvd.
 Dunedin, Florida 34698
 Phone: 727-449-8525
 Fax: 727-461-2746
 Email: kqualls@nccco.org



Candidate Application

WRITTEN EXAMINATION—ARTICULATING 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)			SOCIAL SECURITY #		
MAILING ADDRESS				DATE OF BIRTH	
CITY			STATE	ZIP	
PHONE	CELL	FAX		EMAIL	
COMPANY/ORGANIZATION				PHONE	
COMPANY MAILING ADDRESS					
CITY			STATE	ZIP	
<input type="checkbox"/> I AM REQUESTING TESTING ACCOMMODATIONS IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT (ADA). <i>(For details on NCCCO's Testing Accommodations policy, please see http://www.nccco.org/accommodations)</i>					

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)	652902
<input type="radio"/> Articulating Boom Crane w/Winch (ABW)	652903
<input type="radio"/> Articulating Boom Loader (ABL)	652901

WRITTEN EXAM/RETEST FEES

<input type="radio"/> Written Exam—new candidate	\$165
<input type="radio"/> Written Exam—Current CCO—certified Mobile Crane Operator.....	\$50
<input type="radio"/> Written Exam—new candidate registering for Mobile Crane Operator exams at same time as Articulating Crane Operator 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 Mobile certifications) ...	\$25
TOTAL AMOUNT DUE	\$ <input style="width: 50px;" type="text"/>

CANDIDATE 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
TEST ADMINISTRATION NUMBER	DATE YOU INTEND TO TAKE THE CCO EXAMINATION	

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 consent to NCCCO's release of any information regarding this application and my examination administration to third parties, 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 also 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 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	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:

NCCCO—Testing Services Department
 1960 Bayshore Blvd.
 Dunedin, Florida 34698
 Phone: 727-449-8525
 Fax: 727-461-2746
 Email: kqualls@nccco.org



Candidate Application

WRITTEN EXAMINATION—DIGGER DERRICK 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		SOCIAL SECURITY #		
MAILING ADDRESS			CITY	STATE	ZIP	
PHONE	CELL	FAX		EMAIL		
COMPANY/ORGANIZATION				PHONE		
COMPANY MAILING ADDRESS			CITY	STATE	ZIP	
<input type="checkbox"/> I AM REQUESTING TESTING ACCOMMODATIONS IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT (ADA). (For details on NCCCO's Testing Accommodations policy, please see 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"/> Digger Derrick Operator Written Exam—new candidate (650401)	\$165
<input type="radio"/> Digger Derrick Operator Written Exam—current CCO-certified Mobile Crane Operator (650401)	\$50
<input type="radio"/> Digger Derrick Operator Written Exam—new candidate registering for Mobile Crane Operator exams at the same time as Digger Derrick Operator exams (650401)	\$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/Replacement Card	\$25
<hr/>	
TOTAL AMOUNT DUE	\$

CANDIDATE APPLICATION (CONT'D)

WRITTEN EXAMINATION—DIGGER DERRICK OPERATOR

TEST SITE AT WHICH YOU INTEND TO TAKE THE WRITTEN EXAMINATION

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

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 consent to NCCCO's release of any information regarding this application and my examination administration to third parties, 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 also 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 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	EXPIRATION DATE
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NAME (Print as it appears on card)	SIGNATURE (on card)	SECURITY CODE*
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* Three- or four-digit code located on the card.

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



Recertification Application

WRITTEN EXAMINATION—MOBILE, TOWER, & OVERHEAD CRANE OPERATOR (PAPER/PENCIL TESTS 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		DATE OF BIRTH		SOCIAL SECURITY #	
MAILING ADDRESS			CITY	STATE	ZIP
PHONE	CELL	FAX		EMAIL	
COMPANY/ORGANIZATION				PHONE	
COMPANY MAILING ADDRESS			CITY	STATE	ZIP

I AM REQUESTING TESTING ACCOMMODATIONS IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT (ADA).
(For details on NCCCO's Testing Accommodations policy, please see <http://www.nccco.org/accommodations>)

WRITTEN EXAMINATIONS FOR WHICH YOU ARE APPLYING

This application is for recertification only. You may ONLY recertify for the designation(s) in which you are currently certified. FILL IN the circle next to the crane type(s) for which you are applying for recertification. If you would like to take Additional Examinations for cranes that you are not currently certified on, then FILL IN the examinations of your choice and CHECK the load chart you want to use for that crane type.

EXAMINATIONS

RECERTIFICATION EXAMS	LOAD CHARTS
<input type="radio"/> Core Exam 652605	(Check one for each Specialty Exam)
<input type="radio"/> Lattice Boom Crawler (LBC) 652625	<input type="checkbox"/> Terex/American
652608	<input type="checkbox"/> Manitowoc
<input type="radio"/> Lattice Boom Truck (LBT) 652611	<input type="checkbox"/> Link-Belt
652635	<input type="checkbox"/> Manitowoc
<input type="radio"/> Telescopic Boom—Swing Cab (TLL) 652614	<input type="checkbox"/> Grove (Truck Mount)
652645	<input type="checkbox"/> Link-Belt (Rough Terrain)
<input type="radio"/> Telescopic Boom—Fixed Cab (TSS) 652656	<input type="checkbox"/> Manitex (Boom Truck)
652665	<input type="checkbox"/> Shuttlelift (Carry Deck)
<input type="radio"/> Tower Crane 654602	
<input type="radio"/> Overhead Crane 653602	

ADDITIONAL EXAMINATIONS	LOAD CHARTS
	(Check one for each Specialty Exam)
<input type="radio"/> Lattice Boom Crawler (LBC) 652620	<input type="checkbox"/> Terex/American
652607	<input type="checkbox"/> Manitowoc
<input type="radio"/> Lattice Boom Truck (LBT) 652609	<input type="checkbox"/> Link-Belt
652610	<input type="checkbox"/> Manitowoc
<input type="radio"/> Telescopic Boom—Swing Cab (TLL) 652612	<input type="checkbox"/> Grove (Truck Mount)
652613	<input type="checkbox"/> Link-Belt (Rough Terrain)
<input type="radio"/> Telescopic Boom—Fixed Cab (TSS) 652616	<input type="checkbox"/> Manitex (Boom Truck)
652660	<input type="checkbox"/> Shuttlelift (Carry Deck)
<input type="radio"/> Boom Truck—Fixed Cab (BTF) 652671	<input type="checkbox"/> Manitex (Boom Truck)
<input type="radio"/> Tower Crane 654601	
<input type="radio"/> Overhead Crane 653601	

RECERTIFICATION EXAM FEES/RETEST FEES

- Mobile Core Exam plus one Specialty Exam \$150
- Mobile Core Exam plus two Specialty Exams \$155
- Mobile Core Exam plus three Specialty Exams \$160
- Mobile Core Exam plus four Specialty Exams \$165
- Tower Crane (only) \$150
- Tower Crane (with Mobile Crane) \$50
- Overhead Crane (only) \$150
- Overhead Crane (with Mobile Crane) \$50

- Mobile Core Exam or Core plus one Specialty Exam (Retest) \$150
- One Mobile Specialty Exam (Retest) \$50
- Two Mobile Specialty Exams (Retest) \$55
- Three Mobile Specialty Exams (Retest) \$60
- Four Mobile Specialty Exams (Retest) \$65

ADDITIONAL EXAM FEES*

(*ONLY for candidates adding to existing Mobile certifications; for candidates adding Mobile to Tower or Overhead certifications, use standard Written Exam Candidate Application form.)

- One Mobile Specialty Exam \$65
- Two Mobile Specialty Exams \$75
- Three Mobile Specialty Exams \$85
- Tower Crane Exam \$50
- Overhead Crane Exam \$50

- Candidate Late Fee (if applicable) \$50
- Incomplete Application Fee (if applicable) \$30

TOTAL AMOUNT DUE \$

CANDIDATE RECERTIFICATION APPLICATION (CONT'D)

WRITTEN EXAMINATION—MOBILE, TOWER, & OVERHEAD 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
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 an 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 consent to NCCCO's release of any information regarding this application and my examination administration to third parties, 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 also 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
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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	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 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 the *Candidate Application*.
- I have provided credit card information or a check or money order for the correct amount due.
- I have submitted a digital photo (full face, no sunglasses, no hat). A passport photo may be substituted for a digital photo.

Attach Color
Passport Photo
Here

1-3/8" W x 1-3/4" H

For additional information regarding **recertification**, contact:

National Commission for the Certification of Crane Operators (NCCCO)	Phone: 703-560-2391	info@nccco.org
2750 Prosperity Avenue, Suite 505	Fax: 703-560-2392	www.nccco.org
Fairfax, VA 22031		



Recertification Application

WRITTEN EXAMINATION—ARTICULATING CRANE OPERATOR (PAPER/PENCIL TESTS 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)			SOCIAL SECURITY #		
MAILING ADDRESS				DATE OF BIRTH	
CITY			STATE	ZIP	
PHONE	CELL	FAX		EMAIL	
COMPANY/ORGANIZATION			PHONE		
COMPANY MAILING ADDRESS					
CITY			STATE	ZIP	
<input type="checkbox"/> I AM REQUESTING TESTING ACCOMMODATIONS IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT (ADA). <i>(For details on NCCCO's Testing Accommodations policy, please see http://www.nccco.org/accommodations)</i>					

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
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	\$ <input style="width: 50px;" type="text"/>

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
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 an 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 consent to NCCCO's release of any information regarding this application and my examination administration to third parties, 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 also 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
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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	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:

NCCCO—Testing Services Department
 1960 Bayshore Blvd.
 Dunedin, Florida 34698
 Phone: 727-449-8525
 Fax: 727-461-2746
 Email: kqualls@nccco.org



Candidate Application

WRITTEN EXAMINATION—CRANE INSPECTOR (PAPER/PENCIL TESTS ONLY)

Please type or print neatly.

FULL LEGAL NAME		First	Middle	Last	Suffix (Jr., Sr., III)	DATE OF BIRTH
(as shown on driver's license)						
CCO INSPECTOR CERTIFICATION NUMBER (if previously certified)				SOCIAL SECURITY #		
MAILING ADDRESS			CITY	STATE	ZIP	
PHONE	CELL	FAX	EMAIL			
COMPANY/ORGANIZATION				PHONE		
COMPANY MAILING ADDRESS			CITY	STATE	ZIP	
<input type="checkbox"/> I AM REQUESTING TESTING ACCOMMODATIONS IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT (ADA). <i>(For details on NCCCO's Testing Accommodations policy, please see www.nccco.org/accommodations)</i>						

ARE YOU A CURRENTLY CCO-CERTIFIED CRANE OPERATOR IN GOOD STANDING? Yes No

If you checked "yes" above, indicate your CCO operator certification number below and the cranes you are certified to operate at right:

CCO operator certification #: _____

- Mobile Crane
- Tower Crane
- Overhead Crane

WRITTEN EXAMINATION FOR WHICH YOU ARE APPLYING

FILL IN the circle next to the crane type(s) for which you are applying. Total the amount due at bottom.

EXAM DESCRIPTIONS AND FEES

<input type="radio"/> Core Crane Inspector Exam (required for Mobile and/or Tower Crane Inspector)	711101	\$250
<input type="radio"/> Mobile Crane Inspector Specialty Exam	711102	\$250
<input type="radio"/> Tower Crane Inspector Specialty Exam.....	711104	\$250
<input type="radio"/> Overhead Crane Comprehensive Exam	711103	\$350
<hr/>		
<input type="radio"/> Mobile Crane Core Operator Exam*	652603	\$165
<input type="radio"/> Tower Crane Operator Exam*	654601	\$165
<input type="radio"/> Overhead Crane Operator Exam*	653601	\$165
<input type="radio"/> Tower Crane Operator Exam* (if already CCO-certified or taking with Mobile Crane Operator Exam)	654601	\$50
<input type="radio"/> Overhead Crane Operator Exam* (if already CCO-certified or taking with Mobile Crane Operator Exam)....	653601	\$50
 *Currently CCO-certified operators are not required to take the corresponding operator exam(s), as long they maintain their certification status in good standing.		
<p>OTHER FEES</p> <p><input type="radio"/> Candidate Late Fee (if applicable) \$50</p> <p><input type="radio"/> Incomplete Application Fee (if applicable)..... \$30</p> <p><input type="radio"/> Updated/Replacement Card..... \$25</p>		
<p>ADD TO TOTAL AMOUNT AT RIGHT →</p>	<p>TOTAL AMOUNT DUE \$ </p>	

For logistical reasons, and in fairness to each candidate, it is not recommended that a candidate schedule written exams totaling more than six hours of testing time on the same day.

CANDIDATE APPLICATION (CONT'D)
CRANE INSPECTOR WRITTEN EXAMINATION(S)

TEST SITE AT WHICH YOU INTEND TO TAKE THE WRITTEN EXAMINATION

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

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 consent to NCCCO's release of any information regarding this application and my examination administration to third parties, 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 also 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 have passed a substance abuse test conducted by a recognized laboratory service and agree to comply with NCCCO's substance abuse policy. I attest that I am in good physical health, as verified by a medical professional, sufficient enough to handle the physical demands that crane inspections require. 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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CCO CERTIFICATION CARD

Candidates who meet all the requirements for certification in any one designation are issued a certification card at no charge. Replacement and updated cards are available for an additional fee; see panel below.

Please coordinate with the Test Site Coordinator/Practical Examiner for the submission of a digital color photo (without hat or sunglasses) and enclose with your application form any required payment based upon the information listed below.




A passport color photo may be substituted for a digital photo.

**Attach Color
Passport Photo
Here**

1-3/8" W x 1-3/4" H

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	_____	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:

NCCCO—Testing Services Department
 4141 S. Highland Drive, Suite 225
 Salt Lake City, Utah 84124

Phone: 727-449-8525
 Fax: 801-938-9540
 Email: kqualls@nccco.org



Candidate Application

WRITTEN EXAMINATIONS—LIFT DIRECTOR (PAPER/PENCIL TEST ONLY)

Please type or print neatly.

FULL LEGAL NAME (as shown on driver's license)		First	Middle	Last	Suffix (Jr., Sr., III)	DATE OF BIRTH
CCO CERTIFICATION NUMBER (if previously certified)				SOCIAL SECURITY #		
MAILING ADDRESS			CITY	STATE	ZIP	
PHONE	CELL	FAX		EMAIL		
COMPANY/ORGANIZATION				PHONE		
COMPANY MAILING ADDRESS			CITY	STATE	ZIP	
<input type="checkbox"/> I AM REQUESTING TESTING ACCOMMODATIONS IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT (ADA). (For details on NCCCO's Testing Accommodations policy, please see www.nccco.org/accommodations)						

ARE YOU A CURRENTLY CCO-CERTIFIED CRANE OPERATOR IN GOOD STANDING? Yes No

If you checked "yes" above, what is your CCO operator certification number? _____

Also please indicate the cranes you are certified to operate: Mobile Cranes Tower Cranes

WRITTEN EXAMINATION(S) FOR WHICH YOU ARE APPLYING

FILL IN the circle next to the crane type(s) for which you are applying. Total the amount due at bottom.

WRITTEN EXAMS

<input type="radio"/> Lift Director Core Exam	811101	
<input type="radio"/> Lift Director Mobile Crane Specialty	811201	
<input type="radio"/> Lift Director Tower Crane Specialty	811301	
<input type="radio"/> Mobile Crane Operator Core Exam	652603	LOAD CHARTS (Check one for each Specialty Exam)
<input type="radio"/> Lattice Boom Crawler Specialty	652620	<input type="checkbox"/> American LBC
	652607	<input type="checkbox"/> Manitowoc LBC
<input type="radio"/> Lattice Boom Truck Specialty	652609	<input type="checkbox"/> Link-Belt LBT
	652610	<input type="checkbox"/> Manitowoc LBT
<input type="radio"/> Telescopic Boom—Swing Cab Specialty	652612	<input type="checkbox"/> Grove TLL (Truck Mount)
	652613	<input type="checkbox"/> Link-Belt TLL (Rough Terrain)
<input type="radio"/> Telescopic Boom—Fixed Cab Specialty	652616	<input type="checkbox"/> Manitex TSS (Boom Truck)
	652660	<input type="checkbox"/> Shuttlelift (Carry Deck)
<input type="radio"/> Tower Crane Operator	654601	
<input type="radio"/> Rigger Level II	652802	

OTHER FEES

- Candidate Late Fee (if applicable) \$50
- Incomplete Application Fee (if applicable)..... \$30
- Updated/Replacement Card..... \$25

ADD TO TOTAL AMOUNT AT RIGHT →

WRITTEN EXAM/RETEST FEES

LIFT DIRECTOR EXAMS

- Lift Director Core Exam..... \$150
- Lift Director Mobile Crane Specialty \$150
- Lift Director Tower Crane Specialty..... \$150

MOBILE CRANE OPERATOR EXAMS

- Core Exam plus one Specialty Exam (Initial or Retest). \$165
- Core Exam plus two Specialty Exams (Initial or Retest) \$175
- One Specialty Exam (Retest or Added Specialty) \$65
- Two Specialty Exams (Retest or Added Specialty)..... \$75

TOWER CRANE OPERATOR EXAM

- Tower Crane Written Exam (new Candidate)..... \$165
- Tower Crane Written Exam (current CCO-certified Mobile Crane Operator, or new candidate taking exam same time as Mobile Crane exams) \$50

RIGGER LEVEL II EXAM

- Rigger Level II Written Exam (new Candidate) \$95
- Rigger Level II Written Exam (current CCO-certified card holder or new candidate taking exam same time as Lift Director exams)..... \$75

TOTAL AMOUNT DUE \$

For logistical reasons, and in fairness to each candidate, it is not recommended that a candidate schedule written exams totaling more than six hours of testing time on the same day.

CANDIDATE APPLICATION (CONT'D)

LIFT DIRECTOR WRITTEN EXAMINATION(S)

TEST SITE AT WHICH YOU INTEND TO TAKE THE WRITTEN EXAMINATION

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

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 consent to NCCCO's release of any information regarding this application and my examination administration to third parties, 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 also 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 have passed a substance abuse test conducted by a recognized laboratory service and agree to comply with NCCCO's substance abuse policy. I attest that I am in good physical health, as verified by a medical professional, sufficient enough to handle the physical demands that directing lifts requires. 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
---------------------	------

CCO CERTIFICATION CARD

Candidates who meet all the requirements for certification in any one designation are issued a certification card at no charge. Replacement and updated cards are available for an additional fee; see panel below.

Please coordinate with the Test Site Coordinator/Practical Examiner for the submission of a digital color photo (without hat or sunglasses) and enclose with your application form any required payment based upon the information listed below.

A passport color photo may be substituted for a digital photo.

**Attach Color
Passport Photo
Here**

1-3/8" W x 1-3/4" H

METHOD OF PAYMENT FOR CANDIDATE EXAMINATION FEES

Do not send cash.

<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	VISA		MasterCard		AMERICAN EXPRESS	<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	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:

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

Email: kqualls@nccco.org
Phone: 727-449-8525
Fax: 801-938-9540



Physical Examination Form

ALL OPERATOR PROGRAMS

Please type or print neatly.

NAME	First	Middle	Last
SOCIAL SECURITY #			DATE OF EXAMINATION
MAILING ADDRESS			PHONE
CITY	STATE	ZIP	

HEALTH HISTORY

Yes	No	Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF ANSWER TO ANY OF THE ABOVE IS YES, PLEASE EXPLAIN

GENERAL APPEARANCE AND DEVELOPMENT:

Good Fair Poor

VISION: For distance Right/20 Left/20 Both/20 Without corrective lenses
 With corrective lenses

Evidence of disease or injury: Right _____ Left _____

Color test: Right _____ Left _____

Horizontal field of vision: Right _____ Left _____

HEARING: Right ear _____ Left ear _____

Evidence of disease or injury: Right ear _____ Left ear _____

AUDIOMETRIC TEST: 500 HZ 1000 HZ 2000 HZ 3000 HZ 4000 HZ
 5000 HZ 6000 HZ 7000 HZ 8000 HZ

THROAT: _____

THORAX: Heart: _____

If organic disease is present, is it fully compensated? _____

Blood pressure: Systolic _____ Diastolic _____

Pulse: Before exercise _____ Immediately after _____

Lungs: _____

ABDOMEN: Scars _____ Abdominal masses _____ Tenderness _____

PHYSICAL EXAMINATION FORM (CONT'D)

HERNIA: Yes No If so, where? _____ Is truss worn? _____

GASTROINTESTINAL: Ulceration or other disease? Yes _____ No _____

GENITO-URINARY: Scars _____ Urinal discharge _____

REFLEXES: Rhomberg _____

Pupillary _____ Light: Right _____ Left _____

Accommodation _____ Right _____ Left _____

KNEE JERKS: Right Normal _____ Increased _____ Absent _____

Left Normal _____ Increased _____ Absent _____

REMARKS: _____

EXTREMITIES: Upper _____ Lower _____ Spine _____

LABORATORY & OTHER SPECIAL FINDINGS: Urine Spec. Gr. _____ Alb. _____ Sugar _____

Other Laboratory Data (Serology, etc.) _____

Radiological Data _____ Electrocardiograph _____

GENERAL COMMENTS: _____

NAME OF EXAMINING DOCTOR (PLEASE PRINT)	SIGNATURE
---	-----------

ADDRESS OF EXAMINING DOCTOR

CITY	STATE	ZIP
------	-------	-----

MEDICAL EXAMINER'S CERTIFICATE (ONLY TO BE COMPLETED IF OPERATOR IS FOUND QUALIFIED)

MEDICAL EXAMINER'S CERTIFICATE
I certify that I have examined

CRANE OPERATOR'S NAME

*with the knowledge of his/her duties,
I find him/her qualified under the regulations.*

Qualified only when wearing corrective lenses

Qualified only when wearing a hearing aid

Qualified—see Accommodation Statement attached

A complete examination form for this person is on file in my office:

ADDRESS	
DATE OF EXAMINATION	NAME OF EXAMINING DOCTOR
SIGNATURE OF EXAMINING DOCTOR	
SIGNATURE OF OPERATOR	
ADDRESS OF OPERATOR	

MEDICAL EXAMINER'S CERTIFICATE
I certify that I have examined

CRANE OPERATOR'S NAME

*with the knowledge of his/her duties,
I find him/her qualified under the regulations.*

Qualified only when wearing corrective lenses

Qualified only when wearing a hearing aid

Qualified—see Accommodation Statement attached

A complete examination form for this person is on file in my office:

ADDRESS	
DATE OF EXAMINATION	NAME OF EXAMINING DOCTOR
SIGNATURE OF EXAMINING DOCTOR	
SIGNATURE OF OPERATOR	
ADDRESS OF OPERATOR	



Physician Instructions

PLEASE GIVE THESE INSTRUCTIONS TO THE EXAMINING PHYSICIAN

PHYSICAL QUALIFICATIONS AND EXAMINATIONS OF OPERATORS

A person is physically qualified to operate a crane/digger derrick if that person:

1. Has no loss of a foot, a leg, a hand, or an arm, or has been granted a waiver
2. Has no impairment of the use of a foot, a leg, a hand, fingers, or an arm, and no other structural defect or limitation, which is likely to interfere with his/her ability to control and safely operate a crane/digger derrick or has been granted a waiver upon a determination that the impairment will not interfere with his/her ability to control and safely operate a crane/digger derrick
3. Has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control
4. Has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety to be known accompanied by syncope, dyspnea, collapse, or congestive cardiac failure
5. Has no established medical history or clinical diagnosis of respiratory dysfunction likely to interfere with his/her ability to control and operate a crane/digger derrick safely
6. Has no current clinical diagnosis of high blood pressure likely to interfere with his/her ability to operate a crane/digger derrick
7. Has no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease that interferes with his/her ability to control and operate a crane/digger derrick safely
8. Has no established medical history or clinical diagnosis of epilepsy or any other condition that is likely to cause loss of consciousness or any loss of ability to control a crane/digger derrick
9. Has no mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with his/her ability to operate a crane/digger derrick
10. Has distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses, field of vision of at least 70 degrees in the horizontal median in each eye, and the ability to recognize the colors of traffic signals and devices showing standard red, green, and amber
11. When tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz, 2,000 Hz, 3,000 Hz and 4,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard (formerly ASA Standard) Z24.5-1951
12. Does not use a prescribed or over-the-counter substance, including ethanol, which would impair the operator's performing safe operation of a crane/digger derrick. These include illegal drugs, controlled substances (including trace

amounts), look-alike drugs, designer drugs, or any other substance that may have the effect on the human body of being a narcotic, depressant, stimulant, or hallucinogen. An exception to this ruling is that an operator may use such a substance or drug if the substance or drug is prescribed by a licensed medical practitioner who is familiar with the operator's medical history and all assigned duties and who has advised the operator that the prescribed substance or drug will not adversely affect the operator's ability to safely operate a crane/digger derrick. The treating physician will also provide a waiver to the Medical Examiner. (See waiver statement.)

INSTRUCTIONS FOR PERFORMING AND RECORDING PHYSICAL EXAMINATIONS

The examining physician should review these instructions before performing the physical examination. Answer each question *yes* or *no*, where appropriate.

The examining physician should be aware of the rigorous physical demands and mental and emotional responsibilities placed on operators. In the interest of public safety, the examining physician is required to certify that the operator does not have any physical, mental, or organic defect of such a nature as to affect the operator's ability to operate a crane/digger derrick safely.

General Information. The purpose of this history and physical examination is to detect the presence of physical, mental, or organic defects of such a character and extent as to affect the applicant's ability to operate a crane/digger derrick safely. The examination should be made carefully and at least as completely as indicated by the attached form. History of certain defects may be cause for rejection or indicate the need for making certain laboratory tests or a further, and more stringent, examination. Defects may be recorded that do not, because of their character or degree, indicate that certification of physical fitness should be denied. However, these defects should be discussed with the applicant and he/she should be advised to take the necessary steps to ensure correction, particularly of those which, if neglected, might lead to a condition likely to affect his/her ability to operate safely.

General Appearance and development. Not marked overweight. Not any posture defect, perceptible limp, tremor, or other defects that might be caused by alcoholism, thyroid intoxication, or other illnesses including sedating or habit-forming drugs.

Head—eyes. When other than the Snellen chart is used, the results of such test must be expressed in values comparable to the standard Snellen test. If the applicant wears corrective lenses, these should be worn while applicant's visual acuity is being tested. If appropriate, indicate on the Medical Examiner's Certificate by checking the box *Qualified only when wearing corrective lenses*. In recording distance vision, use 20 feet as normal. Report all vision as a fraction with 20 as a numerator and the smallest type read at 20 feet as denominator. Note ptosis, discharge, visual fields, ocular muscle imbalance, color blindness, corneal scar, exophthalmos, or strabismus uncorrected by corrective lenses.

Contact lens wear may not be allowed in many work areas where mandatory eye protection disallows contact lens wear. The applicant

must be made aware that safety glass eye wear may routinely be required at job sites and must also pass vision testing protocols with safety eye glasses specified and approved ANSI Z89.

Ears. Note evidence of mastoid or middle ear disease, discharge, symptoms of aura vertigo, or Meniere's Syndrome. When recording hearing an audiometer is used to test hearing. Record decibel loss at 500 Hz, 1,000 Hz, 2,000 Hz, 3,000 Hz, and 4,000 Hz.

Throat. Note evidence of disease, irremediable deformities of the throat likely to interfere with eating or breathing, or any laryngeal condition that could interfere with the safe operation of a crane/digger derrick.

Thorax—heart. Stethoscopic examination is required. Note murmurs and arrhythmias and any past or present history of cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, enlarged heart, or congestive heart failures. An electrocardiogram is required when findings so indicate.

Blood Pressure. Record with either spring or mercury column type of sphygmomanometer. If the blood pressure is consistently above 160/90mm. Hg., further tests may be necessary to determine whether the operator is qualified to operate a crane/digger derrick.

Lungs. If any lung disease is detected, state whether active or arrested; if arrested, your opinion as to how long it has been quiescent.

Gastrointestinal system. Note any diseases of the gastrointestinal system.

Abdomen. Note wounds, injuries, scars, or weakness of muscles of abdominal walls sufficient to interfere with normal function. Any hernia should be noted if present. State how long and if adequately contained by truss.

Abnormal masses. If present, note location, if tender, and whether or not applicant knows how long they have been present. If the diagnosis suggests that the condition might interfere with the control and safe operation of a crane/digger derrick, more stringent tests must be made before the applicant can be certified.

Genitourinary. Urinalysis is required. Acute infections of the genitourinary tract, as defined by local and state public health laws, indications from urinalysis of uncontrolled diabetes, symptomatic albuminuria in the urine, or other findings indicative of health conditions likely to interfere with the control and safe operation of a crane/digger derrick will disqualify an applicant from operating a crane/digger derrick.

Neurological. If positive Romberg is reported, indicate degrees of impairment. Pupillary reflexes should be reported for both light and accommodation.

Knee jerks are to be reported absent only when not obtainable upon reinforcement and as increased when foot is actually lifted from the floor following a light blow on the patella; sensory vibratory and positional abnormalities should be noted.

Extremities. Carefully examine upper and lower extremities. Record the loss or impairment of a leg, foot, toe, arm, hand, or fingers. Note any and all deformities, the presence of atrophy, semiparalysis or paralysis, or varicose veins. If a hand or finger deformity exists, determine whether sufficient grasp is present to enable the operator to secure and maintain a grip on the controls. If a leg deformity exists, determine whether sufficient mobility and strength exists to enable the operator to operate pedals properly. Particular attention should be given to, and a record should be made of, any impairment

or structural defect that may interfere with the operator's ability to operate a crane/digger derrick safely.

Spine. Note deformities, limitation of motion, or any history of pain, injuries, or disease, past or presently experienced in the cervical or lumbar spine region. If findings so dictate, radiologic and other examinations should be used to diagnose congenital or acquired defects, spondylolisthesis, or scoliosis.

Recto-genital studies. Diseases or conditions causing discomfort should be evaluated carefully to determine the extent to which the condition might be handicapping while lifting, pulling, or during periods of prolonged operation that might be necessary as part of the operator's duties.

Laboratory and other special findings. Urinalysis is required, as well as such other tests as the medical history or findings upon physical examination may indicate are necessary. A serological test is required if the applicant has a history of luetic infection or present physical findings indicate the possibility of latent syphilis. Other studies deemed advisable may be ordered by the examining physician.

Diabetes. If insulin is necessary to control a diabetic condition, the operator is not qualified to operate a crane/digger derrick. If mild diabetes is noted at the time of examination and it is stabilized by use of a hypoglycemic drug and a diet that can be obtained while the operator is on duty, it should not be considered disqualifying. However, the operator must remain under adequate medical supervision.

General. The physician must date and sign his findings upon completion of the examination.

The medical examination shall be performed by a licensed doctor of medicine or osteopathy. A licensed ophthalmologist or optometrist may perform examinations pertaining to visual acuity, field of vision, and ability to recognize colors.

If the medical examiner finds that the person he/she examined is physically qualified to operate a crane/digger derrick, the medical examiner shall complete the Medical Examiner's Certificate and furnish one copy to the person examined and one copy to the employer.

The medical examiner must attach all treating physician, ophthalmologist, or optometrist medical information pertaining to the applicant. Waiver acceptance is up to the medical examiner when waiver is attached to applicant application. The medical examiner is expected to verify the waiver provided by treating physician and qualify or disqualify applicant because of his examination of the applicant.

The medical examiner is expected to perform testing as needed of all applicants and may submit an accommodation statement, if applicable, about an applicant's physical limitations to aid an employer with ADA guidelines. Any accommodation statements must be attached to medical artifaction.

Waiver by physician. Treating physicians must provide signed statements disclosing disease state and/or medication and state, "I have examined the aforementioned operator applicant and within medical certainty I find the applicant at no greater risk than the general population as a result of any physical, mental, or organic defects, and can safely operate a crane/digger derrick with the aforementioned diagnosis and treatment regimen subject to passing the CCO examinations."



Change of Address Form

Please use this form to advise of any changes of address. Please mail, fax, or email this form to:

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

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

Please type or print neatly.

NAME	First	Middle	Last
CCO CERTIFICATION NUMBER (IF PREVIOUSLY CERTIFIED)		SOCIAL SECURITY #	

OLD ADDRESS

MAILING ADDRESS		
CITY	STATE	ZIP
PHONE	FAX	EMAIL
COMPANY / ORGANIZATION	PHONE	
COMPANY MAILING ADDRESS		
CITY	STATE	ZIP

NEW ADDRESS

MAILING ADDRESS		
CITY	STATE	ZIP
PHONE	FAX	EMAIL
COMPANY / ORGANIZATION	PHONE	
COMPANY MAILING ADDRESS		
CITY	STATE	ZIP

EFFECTIVE DATE OF CHANGE

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Summary of Changes

WRITTEN EXAM TEST SITE COORDINATOR HANDBOOK

Following approval by the appropriate NCCCO committees, Commissioners, and/or Board of Directors, the following substantive (non-editorial) changes have been made to the *Written Exam Test Site Coordinator Handbook* (major programmatic changes covered in Practical Examiner Bulletins are in **bold**):

Changes made 06/16:

<i>Page(s)</i>	<i>Section</i>	<i>Change</i>
3, 15, 19	Written Test Administration Requests	<ul style="list-style-type: none"> • URL for submitting Written Test Administration Request updated to nccco.org/wtar
throughout	Forms	<ul style="list-style-type: none"> • Addresses for submitting forms updated to “NCCCO—Testing Services Department”

Changes made 08/15:

<i>Page(s)</i>	<i>Section</i>	<i>Change</i>
1	Written Exam Process	<ul style="list-style-type: none"> • Flowchart added to show necessary steps for hosting written CCO exams
19	Ready Reference Checklist	<ul style="list-style-type: none"> • URL provided for submitting written test administration requests

Changes made 03/15:

<i>Page(s)</i>	<i>Section</i>	<i>Change</i>
5	Secure Test Sites	<ul style="list-style-type: none"> • New section added providing directions for submitting new Security Requirements Report
7	Length of Test Day	<ul style="list-style-type: none"> • New section added recommending candidates limit written exams to less than six hours in a day
13	Written Test Administration Request Form	<ul style="list-style-type: none"> • New fields for Company Representative added • Checkbox to indicate if Secure Site
24	Security Requirements Report	<ul style="list-style-type: none"> • New form added to be completed when test site has restricted access
28, 30, 32, 34, 36, 38, 40, 42	Candidate Applications	<ul style="list-style-type: none"> • Additional sentence appended to attestation statements to be signed by candidates

IMPORTANT CONTACT INFORMATION



NATIONAL COMMISSION FOR THE CERTIFICATION OF CRANE OPERATORS

2750 Prosperity Avenue, Suite 505
Fairfax, VA 22031-4312

Phone: 703-560-2391
Fax: 703-560-2392
Email: info@nccco.org



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CERTIFICATION OF CRANE OPERATORS**

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