



Candidate Application

WRITTEN EXAMINATION—MOBILE, TOWER, & OVERHEAD CRANE OPERATOR

Please type or print neatly.

| | | | | |
|---|------|---------------|--------|-------------------|
| NAME | | First | Middle | Last |
| NCCCO CERTIFICATION NUMBER (if previously certified) | | DATE OF BIRTH | | SOCIAL SECURITY # |
| MAILING ADDRESS | | CITY | | STATE ZIP |
| PHONE | CELL | FAX | E-MAIL | |
| COMPANY/ORGANIZATION | | | PHONE | |
| COMPANY MAILING ADDRESS | | CITY | | STATE ZIP |
| HAVE YOU PREVIOUSLY TAKEN ANY NCCCO EXAMS*? <input type="checkbox"/> NO <input type="checkbox"/> YES DATE LAST TESTED: | | | | |

*Fees for retest candidates are the same as for first-time candidates, as indicated below.

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 | (Check one for each Specialty Exam) |
| <input type="radio"/> Lattice Boom Crawler | 652620 | <input type="checkbox"/> American LBC |
| | 652607 | <input type="checkbox"/> Manitowoc LBC |
| <input type="radio"/> Lattice Boom Truck | 652609 | <input type="checkbox"/> Link-Belt LBT |
| | 652610 | <input type="checkbox"/> Manitowoc LBT |
| <input type="radio"/> Telescopic Boom— Swing Cab | 652612 | <input type="checkbox"/> Grove TLL |
| | 652613 | <input type="checkbox"/> Link-Belt TLL |
| <input type="radio"/> Telescopic Boom— Fixed Cab | 652616 | <input type="checkbox"/> Manitex TSS |
| | 652650 | <input type="checkbox"/> Broderson TSS |
| <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 \longrightarrow

WRITTEN EXAM 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

- Core Exam only (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 NCCCO-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 NCCCO-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 SITE NUMBER | DATE YOU INTEND TO TAKE THE CCO EXAMINATION | |

Under penalties of perjury, 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. I have received a copy of the NCCCO Candidate Handbook and have read it; I understand and agree to be bound by all prevailing NCCCO policies and procedures. 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 category and I will continue to comply with those requirements.

| | |
|---------------------|------|
| 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 security code located on the back of the card in the signature panel.

Checks and money orders should be payable to: International Assessment Institute—Attention: CCO Testing

Please send application and payments to:

International Assessment Institute—Attention: CCO Testing
 600 Cleveland Street, Suite 900
 Clearwater, Florida 33755
 Phone: 727-449-8525
 Fax: 727-461-2746

CANDIDATE APPLICATION CHECKLIST

| |
|---|
| <input type="checkbox"/> I have completed and signed the <i>Candidate Application</i> . <input type="checkbox"/> I have provided credit card information or a check or money order for the correct amount due. |
|---|