



Candidate Application

WRITTEN EXAMINATION—ARTICULATING CRANE OPERATOR

Please type or print neatly.

NAME		First	Middle	Last
NCCCO CERTIFICATION NUMBER (if previously certified)			SOCIAL SECURITY #	
MAILING ADDRESS				DATE OF BIRTH
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 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 amount due at bottom. (If you are recertifying, please use the separate Recertification Application Form on page 33.)

WRITTEN EXAMS

Please refer to the Written Exam Content Outlines for the contents of each exam.

<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 FEES

<input type="radio"/> Written Exam—New Candidate	\$165
<input type="radio"/> Written Exam—Current NCCCO—certified Mobile Crane Operator	\$50
<input type="radio"/> Written Exam—New Candidate registering for Mobile Crane Operator exams at same time	\$50
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ADDITIONAL FEES	
<input type="radio"/> Candidate Late Fee (if applicable)	\$50
<input type="radio"/> Incomplete Application Fee (if applicable)	\$30
<input type="radio"/> Updated NCCCO 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 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, have read it, and do 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
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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 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: NCCCO 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.
