



Test Site Application & Data Sheet

PRACTICAL EXAMINATION—OVERHEAD CRANES

Please type or print neatly.

HOST COMPANY REPRESENTATIVE	TEST SITE NUMBER
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HOST COMPANY NAME

HOST COMPANY MAILING ADDRESS

CITY	STATE	ZIP
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HOST PHONE	HOST FAX	HOST E-MAIL
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TEST SITE ADDRESS (Physical address of where the crane(s) will be set up; P.O. Boxes not acceptable)
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CITY	STATE	ZIP
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CHECK BOXES AS APPROPRIATE
<input type="checkbox"/> New Test Site (fee enclosed) <input type="checkbox"/> \$50 Site Fee for 2010 enclosed <input type="checkbox"/> \$50 Site Fee for 2010 already paid

TEST SITE COORDINATOR NAME	PHONE	E-MAIL
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PRACTICAL EXAMINER NAME	ACCREDITATION NUMBER
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DATE(S) OF TEST

The Practical Examination Test Site Coordinator assumes total responsibility for the following items:

1. Selection of cranes and verification that at all times during the testing process the cranes are in compliance with federal and state OSHA requirements and the current ASME B30 standard
2. Verification that candidate's application for the Practical Exam is complete.
3. Verification that candidate is physically and mentally capable of safe operation on the day of the Exam.
4. Personal injury and/or property damage resulting from or caused in any way by the act of participation in the NCCCO Practical Examination.

TEST SITE COORDINATOR SIGNATURE	DATE
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METHOD OF PAYMENT FOR TEST SITE FEE ***Do not send cash.***

<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, please complete the following information:

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

Checks and money orders should be payable to: **NCCCO** * Three digit security code located on the back of the card in the signature panel.

Please send application and payments to:

National Commission for the Certification of Crane Operators
 Western Regional Office
 57 West 200 South, Suite 404, Salt Lake City, Utah 84101
 Fax: 801-363-3806

TEST SITE APPLICATION & DATA SHEET (CONT'D)

PRACTICAL EXAMINATION—OVERHEAD CRANES

INSTRUCTIONS FOR COMPLETING THIS DATA SHEET

Photocopy this form for use with every crane you plan to test on.

Please ensure to include the manufacturer's data to support sections B and C below. NCCCO cannot process this application without all this information.

SECTION A (Complete as fully as possible, including your desired test date, if known.)

HOST COMPANY NAME	TEST SITE NUMBER	
TEST SITE ADDRESS	APPLICATION DATE	DATE OF TEST
CITY	STATE	ZIP

SECTION B: CRANE TYPE (Check the box next to the type of the crane you plan to test on.)

- | | | | | |
|---------------------------------------|---|--|---|---|
| <input type="checkbox"/> CAB OPERATED | <input type="checkbox"/> REMOTE CONTROL | <input type="checkbox"/> PENDANT CONTROL | <input type="checkbox"/> VARIABLE FREQUENCY DRIVE | <input type="checkbox"/> MAGNETIC CONTROL |
| <input type="checkbox"/> BRIDGE | <input type="checkbox"/> GANTRY | <input type="checkbox"/> SEMI GANTRY | <input type="checkbox"/> CANTILEVER GANTRY | |
| <input type="checkbox"/> TOP RUNNING | <input type="checkbox"/> UNDERHUNG | <input type="checkbox"/> SINGLE GIRDER | <input type="checkbox"/> DOUBLE GIRDER | |

Cranes used for NCCCO Practical Exams must have powered bridge, trolley, and hoist functions.

SECTION C: (Provide data for items 1 thru 6 using the manufacturer's operating manual.)

1. MAKE/MODEL	2. SERIAL NUMBER	3. MAX RATED CAPACITY (TONS)
4. CONFIGURATION OF CRANE (ROPE SIZE AND TYPE, ANCILLARY EQUIPMENT, ETC.)		

Please complete items 5 and 6:

5. BRIDGE LENGTH (25 FT. MIN. REQUIRED): _____ FT.

6. LOAD HOOK HEIGHT (13 FT. MIN. REQUIRED): _____ FT.

The following are the overhead crane Test Weight specifications:

7. TEST WEIGHT RANGE: 1,500 LBS.–2,000 LBS.

8. TEST WEIGHT HEIGHT: _____ FT. (NO TALLER THAN 5 FT.)

9. TEST WEIGHT DIAMETER: 3 FT.