

PRACTICAL EXAMINER APPLICATION FORM

Please complete all sections.

1. Applicant Information

Rigger Only

Date

Oct. 26-27

Location

Richmond, CA

Host Company

Bragg Crane & Rigging

Fees

\$625

Rigging/Signalperson

Date

Oct. 26-27 &
Oct. 29-30

Location

Richmond, CA

Host Company

Bragg Crane & Rigging

Fees

\$1,075

First Name _____ Last Name _____ Last Four Social Security # _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Credit Card No. _____ Exp. Date. _____ (Circle One) Visa/MasterCard

Security Code _____ E-mail _____

Name on Card _____ Signature _____

2. Are you currently a CCO Certified Operator? If you are, check appropriate category(s):

Lattice Boom Crawler

Certification Number: _____

Lattice Boom Truck

Large Telescopic Cranes

Small Telescopic Cranes

Tower Crane

Overhead Crane

Do you currently hold an Accredited Practical Examiners Card? If you do, check appropriate category(s):

Lattice Boom Crawler

Accreditation Number: _____

Lattice Boom Truck

Large Telescopic Crane

Small Telescopic Crane

Tower Crane

Overhead Crane

3. Professional qualifications, memberships, positions held.

4. Specific experience and qualifications applicable to this position.

(Please attach resume and any supporting documentation you wish NCCCO to take into consideration.)

5. References

List two individuals as professional references.

1. _____
Name Phone Relationship

2. _____
Name Phone Relationship

6. Submission of Application

In signing this application to attend a Practical Examiner Workshop, I understand that submission of this application does not guarantee admission into the program. I further understand that my participation in the Practical Examiner Accreditation Program and performance in the workshop activities must meet program expectations in order to receive accreditation. Failure to meet those expectations or follow NCCCO policies may result in denial, suspension or revocation of my Practical Examiner Accreditation status.

Signed: _____ Date: _____

*Please return, along with supporting documentation, to: Phillip Kinser,
National Commission for the Certification of Crane Operators, 57 West 200 South
Suite 404, Salt Lake City, UT 84101
Fax: 801-363-3806*

FOR NCCCO USE ONLY

Date Received: _____ By: _____
Application Complete? YES/NO
Application Approved? YES/NO
Copymailed to NCCCO HQ YES/NO By: _____ Date: _____
Comments: