

## PRACTICAL EXAMINER APPLICATION FORM

*Please complete all sections.*

### 1. Applicant Information

#### Mobile Only

Date

Dec. 14-16

Location

Avon, IN

Host Company

Phoenix Fabricators

Fees

\$650

#### Rigger Only

Date

Dec. 17-18

Location

Avon, IN

Host Company

Phoenix Fabricators

Fees

\$625

#### Mobile/Rigging

Date

Dec. 14-18

Location

Avon, IN

Host Company

Phoenix Fabricators

Fees

\$1,100

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  
Lattice Boom Truck  
Large Telescopic Cranes  
Small Telescopic Cranes  
Tower Crane  
Overhead Crane

Certification Number: \_\_\_\_\_

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

Lattice Boom Crawler  
Lattice Boom Truck  
Large Telescopic Crane  
Small Telescopic Crane  
Tower Crane  
Overhead Crane

Accreditation Number: \_\_\_\_\_

**3. Professional qualifications, memberships, positions held.**

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**4. Specific experience and qualifications applicable to this position.**

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

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**5. References**

List two individuals as professional references.

1. \_\_\_\_\_

Name	Phone	Relationship
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2. \_\_\_\_\_

Name	Phone	Relationship
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**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		
Copyemailed to NCCCO HQ YES/NO	By:	Date:
Comments:		