

# National Commission for the Certification of Crane Operators

## EXAM MANAGEMENT COMMITTEES – ALL PROGRAMS

### SINGLE-SESSION REPRESENTATIVE REQUEST

While members of all NCCCO Committees are urged to participate in all meetings of the committee to which they belong, members are permitted, on a meeting-by-meeting basis, to appoint a single-session representative (SSR) to attend a meeting in their place where they have a legitimate reason for being unable to attend. The member must submit a written request to be represented by his/her single-session representative prior to the meeting and provide the information on this form. The single-session representative must submit his/her resume and sign an NCCCO Confidentiality and Non-Disclosure Statement. These documents must be submitted no later than 10 days prior to the committee meeting in time for their review by the Chairman of the respective committee and NCCCO Staff.

#### **To be completed by the committee member:**

NCCCO committee meeting for which I will be absent:

- |   |   |
|---|---|
| <input type="checkbox"/> Written Exam Management Committee – Mobile Cranes (WEMC)   | <input type="checkbox"/> Signalperson Management Committee (SPMC)       |
| <input type="checkbox"/> Practical Exam Management Committee – Mobile Cranes (PEMC) | <input type="checkbox"/> Articulating Crane Management Committee (ACMC) |
| <input type="checkbox"/> Tower Crane Management Committee (TCMC)                    | <input type="checkbox"/> Rigger Exam Management Committee (REMC)        |
| <input type="checkbox"/> Overhead Crane Management Committee (OCMC)                 |   |

Name of Committee Member: \_\_\_\_\_

I request that [NAME OF REPRESENTATIVE] \_\_\_\_\_  
represent me at the NCCCO Management Committee Meeting scheduled for:

Meeting Date: \_\_\_\_\_ Signed: \_\_\_\_\_

#### **To be completed by the Single-Session Representative:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**I wish to serve as a single-session representative for the member noted above. I have submitted my resume and signed NCCCO Confidentiality and Non-Disclosure Statement.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

I currently serve NCCCO in another capacity [state which]: \_\_\_\_\_

*Please email all materials in care of the Executive Director, National Commission for the Certification of Crane Operators at [info@nccco.org](mailto:info@nccco.org).*

#### **FOR NCCCO USE ONLY**

- |  |   |
|--|---|
| <input type="checkbox"/> Resume            | <input type="checkbox"/> Confidentiality & Non-Disclosure Statement |
| <input type="checkbox"/> Reviewed by _____ | Date: _____   |
| <input type="checkbox"/> Action _____      |   |