



WRITTEN TEST SITE APPLICATION

Request Form

Please submit this form when you have found a facility that meets the test criteria and you are ready to commit to a specific exam date. This form should be submitted at least four (4) weeks prior to the test date selected below. Incomplete forms or forms with no signature may delay processing. You will receive an approval letter with a site number to document on your candidate application, which are due no later than two (2) weeks prior to the Written Exam test date.

Test Site can seat up to _____ candidates. There are _____ (number) testing rooms at this test site.

Do you want your written test site open to candidates outside your company / organization? Yes No

Test Site Coordinator: Please indicate the best time of the day for the Chief Examiner to contact you. _____ AM / PM

Please type or print neatly.

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| TEST SITE COORDINATOR |
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| COMPANY / ORGANIZATION |
|------------------------|

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|-------------------------|
| COMPANY MAILING ADDRESS |
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| | | |
|------|-------|-----|
| CITY | STATE | ZIP |
|------|-------|-----|

| | | |
|----------------------------------|---------------|-------------|
| TEST SITE COORDINATOR CELL PHONE | COMPANY PHONE | COMPANY FAX |
|----------------------------------|---------------|-------------|

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| E-MAIL (Test Site Coordinator/Company Representative) |
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| REQUESTED DATE OF TEST | <input type="checkbox"/> Check here if this is your first written test administration. |
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| COMPANY / ORGANIZATION AT TEST SITE LOCATION (if different from above) |
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| COMPANY REPRESENTATIVE AT TEST SITE LOCATION (if different from Coordinator above) | COMPANY REPRESENTATIVE CELL PHONE |
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| TEST SITE ADDRESS (if different from above) |
|---|

| | | |
|------|-------|-----|
| CITY | STATE | ZIP |
|------|-------|-----|

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|---|---|--|---|
| Number of Mobile Crane Certification Candidates <input style="width: 40px; height: 20px;" type="text"/> | Number of Overhead Crane Certification Candidates <input style="width: 40px; height: 20px;" type="text"/> | Number of Tower Crane Certification Candidates <input style="width: 40px; height: 20px;" type="text"/> | Number of Mobile Handbooks Required for this Administration <input style="width: 40px; height: 20px;" type="text"/> |
| Number of Mobile Crane Recertification Candidates <input style="width: 40px; height: 20px;" type="text"/> | Number of Overhead Crane Recertification Candidates <input style="width: 40px; height: 20px;" type="text"/> | Number of Tower Crane Recertification Candidates <input style="width: 40px; height: 20px;" type="text"/> | Number of Overhead Handbooks Required for this Administration <input style="width: 40px; height: 20px;" type="text"/> |
| Number of Mobile Crane Retest Candidates <input style="width: 40px; height: 20px;" type="text"/> | Number of Overhead Crane Retest Candidates <input style="width: 40px; height: 20px;" type="text"/> | Number of Tower Crane Retest Candidates <input style="width: 40px; height: 20px;" type="text"/> | Number of Tower Crane Retest Candidates <input style="width: 40px; height: 20px;" type="text"/> |

I have read and understand the expectations of the Test Site Coordinator as well as the Criteria for the Test Site as described in the Written Examination Test Site Coordinator Handbook available on the NCCCO website at www.nccco.org.

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|---------------------------------|------|
| TEST SITE COORDINATOR SIGNATURE | DATE |
|---------------------------------|------|

Please return this Request Form for approval at least (4) weeks prior to exam to:

International Assessment Institute Phone: 727-449-8525
 600 Cleveland Street, Suite 900 Fax: 727-461-2746
 Clearwater, FL 33755