



# 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 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 Applications, which are due no later than two 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 or organization? Yes  No

**Test Site Coordinator:** Please indicate the best time of the day for the Chief Examiner to contact you: \_\_\_\_\_ a.m./p.m.

**Please type or print neatly.**

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

WRITTEN EXAMS SUMMARY	Mobile Cranes	Tower Cranes	Overhead Cranes	Articulating Cranes	Rigger	Signalperson
# of Certification Candidates:						N/A
# of Retest Candidates:						
# of Recertification Candidates:						N/A
# of Candidate Handbooks Needed:						

**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](http://www.nccco.org).**

TEST SITE COORDINATOR SIGNATURE	DATE
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**Please return this Application Form for approval at least four weeks prior to exam to:**

International Assessment Institute—Attn: NCCCO Testing  
600 Cleveland Street, Suite 900  
Clearwater, FL 33755

Phone: 727-449-8525  
Fax: 727-461-2746  
Email: [kim@iaexam.com](mailto:kim@iaexam.com)

