

## PRACTICAL EXAMINER APPLICATION FORM

*Please complete all sections.*

### 1. Applicant Information

#### Signalperson

<u>Date</u>	<u>Location</u>	<u>Host Company</u>	<u>Fees</u>
<input type="checkbox"/> June 29-30	Conshohocken, PA	MACSC	\$625

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
- Signalperson

### 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
- Signalperson

**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

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: Shawna Parham,  
National Commission for the Certification of Crane Operators, 2750 Prosperity Avenue,  
Suite 505, Fairfax, VA 22031  
Fax: 703-560-2392*

**FOR NCCCO USE ONLY**

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