

National Commission for the Certification of Crane Operators

**PRACTICAL EXAMINER APPLICATION FORM**

*Please complete all sections.*

**1. Applicant Information**

**Tower**

<u>Date</u>	<u>Location</u>	<u>Host Company</u>	<u>Fees</u>
<input type="checkbox"/> Oct. 17-18	Orange, CA	Coast Crane Company	\$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
- Lattice Boom Truck
- Large Telescopic Cranes
- Small Telescopic Cranes
- Tower Crane
- Overhead Crane

**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

**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, 175 South Main Street  
Suite 1150, Salt Lake City, UT 84111  
Fax: 801-363-3806*

**FOR NCCCO USE ONLY**

Date Received:	By:	
Application Complete? YES/NO		
Application Approved? YES/NO		
Copy faxed to NCCCO HQ YES/NO	By:	Date:
Comments:		