

PRACTICAL EXAMINER WORKSHOP APPLICATION FORM

Articulating Crane Operator Certification Program

Please complete all sections.

1. Applicant Information

Articulating Crane Operator

<u>Date</u>	<u>Location</u>	<u>Host Company</u>	<u>Fees</u>
<input type="checkbox"/> January 12-14	Sacramento, CA	Trench Plate Rental Co.	\$625

Seeking Accreditation for:

Articulating Boom Crane (ABC) **Articulating Boom Loader (ABL)**

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):

<input type="checkbox"/>	Lattice Boom Crawler (LBC)	Certification Number: _____
<input type="checkbox"/>	Lattice Boom Truck (LBT)	
<input type="checkbox"/>	Large Telescopic Cranes (TLL)	
<input type="checkbox"/>	Small Telescopic Cranes (TSS)	
<input type="checkbox"/>	Tower Crane (TWR)	<input type="checkbox"/> Signalperson (SGP)
<input type="checkbox"/>	Overhead Crane (OVR)	<input type="checkbox"/> Rigger (RIG-1)
<input type="checkbox"/>	Articulating Boom Crane (ABC)	
<input type="checkbox"/>	Articulating Boom Crane w/ Winch (ABW)	
<input type="checkbox"/>	Articulating Boom Loader (ABL)	

Do you currently hold an Accredited Practical Examiners Card? If you do, check appropriate category(s):

<input type="checkbox"/>	Lattice Boom Crawler	Accreditation Number: _____
<input type="checkbox"/>	Lattice Boom Truck	
<input type="checkbox"/>	Large Telescopic Crane	
<input type="checkbox"/>	Small Telescopic Crane	
<input type="checkbox"/>	Tower Crane	<input type="checkbox"/> Signalperson
<input type="checkbox"/>	Overhead Crane	<input type="checkbox"/> Rigger
<input type="checkbox"/>	Articulating Boom Crane	
<input type="checkbox"/>	Articulating Boom Loader	

3. Professional qualifications, memberships, positions held.

4. Specific experience and qualifications applicable to this position.

(Please attach resume and any supporting documentation you wish NCCCO to take into consideration.)

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: 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
Copyemailed to NCCCO HQ YES/NO By: _____ Date: _____
Comments: