Candidate Application

PRACTICAL EXAMINATION—DIGGER DERRICK OPERATOR

Please type or print neatly. All fields marked with an asterisk (*) must be completed or application will be considered incomplete.

FULL LEGAL NAME (as shown on driver's license)	**FIRST***	Middle	**LAST***	Suffix (Jr., Sr., III)

CCO CERTIFICATION NUMBER (if previously certified)	**DATE OF BIRTH***	CANDIDATE ID: (if previously tested)

PERSONAL MAILING ADDRESS*			
CITY*	**STATE***	**ZIP***	COUNTRY

HOME PHONE	**CELL PHONE***	**CANDIDATE EMAIL*** (PERSONAL EMAIL UNIQUE TO CANDIDATE)

COMPANY/ORGANIZATION	PHONE

COMPANY MAILING ADDRESS			
CITY	STATE	ZIP	COUNTRY

INDICATE WITH A CHECK THE EQUIPMENT YOU WISH TO BE TESTED ON:

❑ Digger Derrick

TEST SITE AT WHICH YOU INTEND TO TAKE THE PRACTICAL EXAMINATION

TEST SITE COORDINATOR NAME*	**PE SITE #:***

PHONE	EMAIL

TEST SITE ADDRESS			
CITY	STATE	ZIP	COUNTRY

I declare that the foregoing statements and those in any required accompanying documentation are true. I understand and agree that my failure to provide accurate and complete information or abide by NCCCO's policies and procedures, including the Code of Ethics, shall constitute grounds for the rejection of my application, or denial or revocation of my certification. I understand that NCCCO reserves the right to verify any information in this application or in connection with my certification. I expressly consent to NCCCO's release of any information consistent with NCCCO's Information Release policy. I have received a copy of the NCCCO Candidate Handbook, have read it, and agree to be bound by it. I agree to be bound by all NCCCO policies and procedures, as they may be amended from time to time, including without limitation those posted at nccco.org. I attest that I have passed a substance abuse test conducted by a recognized laboratory service and agree to comply with NCCCO's substance abuse policy. I have passed a physical exam that complies with the ASME B30 standard for my certification designation and I will continue to comply with those requirements. I further attest that I am physically and mentally capable of safely operating equipment on the day of the Practical Examination. I understand and agree that any personal injury and/or property damage resulting from or caused in any way by my participation in the CCO Practical Examination is not and shall not be the responsibility of NCCCO. I understand that if at any point during my certification period I fail to meet any of the requirements outlined above, or if matters arise that can affect my capability to continue to fulfill certification requirements, I must report it to NCCCO immediately and agree to cooperate with any subsequent investigation regarding such matters.

rev 0418

CANDIDATE SIGNATURE*	**DATE***

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CANDIDATE APPLICATION (CONT'D)

PRACTICAL EXAMINATION—DIGGER DERRICK OPERATOR

CCO CERTIFICATION CARD

Candidates who meet all the requirements for certification in any one designation are issued a certification card at no charge. Replacement and updated cards are available for an additional fee; see panel below or order online at nccco.org/newcard.

Please provide your Test Site Coordinator with a digital color photo (without hat or sunglasses) labeled with your full name and birth date.

Alternately, a 1⅜" X 1¾" color passport photo may be substituted for a digital photo; if submitting a passport photo, please give it to your Test Site Coordinator, do not mail it directly to NCCCO.

PRACTICAL EXAMINATION FEE

Check the box(es) next to the Practical Exam designation(s) for which you are registering:

❑ Digger Derrick Operator: $60

❑ Digger Derrick Operator *(current CCO–certified Mobile Crane Operator, or new candidate registering for Mobile Crane Operator exams at the same time)*: $50

❑ Updated/replacement card: $25

METHOD OF PAYMENT FOR CANDIDATE EXAMINATION FEES

Do not send cash.

❑ VISA ❑ MasterCard ❑ American Express ❑ Personal check enclosed ❑ Employer check enclosed ❑ Money Order enclosed

Please do not staple your check or money order.

If paying by credit card, complete the following information:

CREDIT CARD NUMBER

EXPIRATION DATE

NAME (Print as it appears on card)

SIGNATURE (on card)

SECURITY CODE

(Three- or four-digit code located on the card.)

If using company credit card, provide company name: _____

Email credit card receipt to: _____

Checks and money orders should be payable to: NCCCO

Do not send this application to NCCCO. Give this application, along with payment and all necessary documentation, to your Test Site Coordinator on test day.

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