



Practical Exam Extension Request Form

When candidates have not had the opportunity to take their practical exam(s), NCCCO may provide an extension to the requirement to pass the practical examination within 12 months of passing the corresponding written examination. Extension requests do not apply to written examinations. Extensions are granted for specific reasons only. If you wish to request

an extension you must complete Parts A, B, and C of this form and submit it, together with supporting documentation, to NCCCO. Do not forget to sign the Attestation Statement in Part A. Incomplete forms will not be processed. NCCCO will advise you of its decision in a follow-up letter. Please allow two weeks for processing your request.

PART A (Please print.)

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: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
MAILING ADDRESS	CITY	STATE	ZIP		
PHONE	MOBILE	E-MAIL			

PART B

To expedite your request, please indicate (with an "X") those Practical Exams for which you seek an extension and the date on which the respective Written Exam was passed.

Practical Exam Crane Type	Written Exam Date (mm/dd/yyyy)	For NCCCO Use Only
Mobile Crane Core		
<input type="checkbox"/> Lattice Boom (LBT and/or LBC)*		
<input type="checkbox"/> Telescopic Boom—Swing Cab (TLL)		
<input type="checkbox"/> Telescopic Boom—Fixed Cab (TSS)		
<input type="checkbox"/> Service Truck Crane (STC)		
<input type="checkbox"/> Boom Truck—Fixed Cab (BTF)		
<input type="checkbox"/> Tower Crane (TWR)		
<input type="checkbox"/> Overhead Crane (OVR)		
<input type="checkbox"/> Articulating Boom Crane (ABC)		
<input type="checkbox"/> Articulating Boom Loader (ABL)		
<input type="checkbox"/> Digger Derrick (DDO)		
<input type="checkbox"/> Dedicated Pile Driver (DPD)		
<input type="checkbox"/> Foundation Drill Rig (FDR)		
<input type="checkbox"/> Anchor/Micropile Drill Rig (AMP)		
<input type="checkbox"/> Rigger Level I (RIG-I)		
<input type="checkbox"/> Rigger Level II (RIG-II)		
<input type="checkbox"/> Signalperson (SGP)		

*NOTE: For the Lattice Boom Specialty, if both Lattice Boom Truck (LBT) and Lattice Boom Crawler (LBC) Written Exams were taken and passed on different dates, please list the date that came first.

PART C

State the reason for your request and indicate the supporting documentation you are providing. Do not forget to attach this documentation; without it your application will not be processed.

Expected exam date: _____

Reason for Request	Documentation Required
<input type="checkbox"/> Called for Work	<input type="checkbox"/> Letter from supervisor/employer/employment agency (Letter must contain the dates you were on the job and hours worked.)
<input type="checkbox"/> Illness/Injury/death (Personal or family)	<input type="checkbox"/> Doctor's note. (All Doctor's notes must include the dates you were unable to work.) <input type="checkbox"/> Letter from supervisor/employer/employment agency (Letters must indicate dates off work.) <input type="checkbox"/> Death certificate (Relationship to deceased: _____)
<input type="checkbox"/> Scheduling difficulties other than called to work (Please explain fully below.)	

ATTESTATION STATEMENT

Under penalties of perjury, I hereby attest that all statements I have made in this application and those in any required accompanying documentation are true.

CANDIDATE SIGNATURE

DATE

Submit this form with supporting documentation to:

National Commission for the Certification of Crane Operators

2750 Prosperity Avenue, Suite 505

Fairfax, VA 22031-4312

Phone: (703) 560-2391 • Email: candidate@nccco.org

OFFICE USE ONLY

RECEIVED DATE: _____ BY: _____

RESPONSE DATE: _____ BY: _____