



National Commission for the Certification of Crane Operators

PERSONNEL APPLICATION FORM

Evaluators of Crane Operators Task Force

Please complete all sections.

1. Contact Information.

Name: _____

Title: _____

Company: _____

Mailing Address: _____

City/State/Zip _____

Tel: _____ Cell: _____

E-mail: _____

2. Professional qualifications, memberships, positions held.

3. Are you currently performing evaluations of crane operators?

Yes No

4. Specific experience and qualifications applicable to this position.

(please attach resume or CV - required)

5. References.

List two individuals as personal or professional references.

1. _____
Name Tel. Relationship

2. _____
Name Tel. Relationship

6. Resources.

Do you have the time and financial backing to attend and participate in the activities of the Evaluators of Crane Operators Task Force? *(check one)*

Yes No

Do you plan to attend the meetings of the Evaluators of Crane Operator Task Force in-person?

Yes No

7. Affiliations.

Which category is your company/organization affiliated with? *(check one)*

- Labor
- User of Load Handling Equipment
- Manufacture of Load Handling Equipment
- Insurance
- Consultants
- International
- Government/Regulatory
- Associations
- Owners
- Public

8. Submission of Application.

Please submit my name in nomination for a position on the Evaluators of Crane Operators Task Force.

Signed: _____ Date: _____

Application Checklist:

- Completed and Signed Task Force Application
- Signed Statement of Confidentiality
- Resume

**Please return, along with any supporting documentation, to:
Robert Mahlman, Director, Certification - rmahlman@nccco.org**