Recertification Application

WRITTEN EXAMINATION—MOBILE, TOWER, & OVERHEAD CRANE OPERATOR (PAPER/PENCIL TESTS ONLY)

Please type or print neatly.

FULL LEGAL NAME
First Middle Last Suffix (Sr., Jr., III)

(Full Legal Name as shown on driver’s license)

CCO CERTIFICATION NUMBER

DATE OF BIRTH

CANDIDATE ID:

MAILING ADDRESS

CITY

STATE ZIP COUNTRY

PHONE

CELL

EMAIL

COMPANY/ORGANIZATION

COMPANY PHONE

COMPANY MAILING ADDRESS

CITY

STATE ZIP COUNTRY

☐ I AM REQUESTING TESTING ACCOMMODATIONS IN COMPLIANCE WITH THE AMERICAN WITH DISABILITIES ACT (ADA).

(For details on NCCCO’s Testing Accommodations policy, please see www.nccco.org/accommodations.)

WRITTEN EXAMINATIONS FOR WHICH YOU ARE APPLYING

This application is for recertification only. You may ONLY recertify for the designation(s) in which you are currently certified.

FILL IN the circle next to the crane type(s) for which you are applying for recertification. If you would like to take Additional Examinations for cranes that you are not currently certified on, then FILL IN the examinations of your choice and CHECK the load chart you want to use for that crane type.

EXAMINATIONS

RECERTIFICATION EXAMS

LOAD CHARTS

● Core Exam 652605 (Check one for each Specialty Exam)

● Lattice Boom Crawler 652625

(LBC) 652608 Terex/American

● Lattice Boom Truck 652611

(LBT) 652635 Manitowoc

● Telescopic Boom—Swing Cab (TLL) 652614

Link-Belt (Rough Terrain)

● Telescopic Boom—Fixed Cab (TSS) 652656

Manitex (Boom Truck)

● Tower Crane 654602

● Overhead Crane 653602

LOAD CHARTS

ADDITIONAL EXAMINATIONS

(Chck one for each Specialty Exam)

● Lattice Boom Crawler 652620

(LBC) 652607 Terex/American

● Lattice Boom Truck 652609

(LBT) 652610 Manitowoc

● Telescopic Boom—Swing Cab (TLL) 652612

Grove (Boom Truck Mount)

● Telescopic Boom—Fixed Cab (TSS) 652616

Manitex (Boom Truck)

● Boom Truck—Fixed Cab (BTF) 652671

Manitex (Boom Truck)

● Tower Crane 654601

● Overhead Crane 653601

LOAD CHARTS

RECERTIFICATION EXAM FEES/RETEST FEES

● Mobile Core Exam plus one Specialty Exam $150

● Mobile Core Exam plus two Specialty Exams $155

● Mobile Core Exam plus three Specialty Exams $160

● Mobile Core Exam plus four Specialty Exams $165

● Tower Crane (only) $150

● Tower Crane (with Mobile Crane) $50

● Overhead Crane (only) $150

● Overhead Crane (with Mobile Crane) $50

● Mobile Core Exam or Core plus one Specialty Exam $50

● Mobile Core Exam or Core plus two Specialty Exams $85

● Mobile Core Exam or Core plus three Specialty Exams $110

● Mobile Core Exam or Core plus four Specialty Exams $150

● Mobile Core Exam for Core plus one Specialty Exam (Retest) $150

● One Mobile Specialty Exam (Retest) $50

● Two Mobile Specialty Exams (Retest) $55

● Three Mobile Specialty Exams (Retest) $60

● Four Mobile Specialty Exams (Retest) $65

ADDITIONAL EXAM FEES*

(ONLY for candidates adding to existing Mobile certifications; for candidates adding Mobile to Tower or Overhead certifications, use standard Written Exam Candidate Application form.)

● One Mobile Specialty Exam $65

● Two Mobile Specialty Exams $75

● Three Mobile Specialty Exams $85

● Tower Crane Exam $50

● Overhead Crane Exam $50

OTHER FEES

● Candidate Late Fee (if applicable) $50

● Incomplete Application Fee (if applicable) $30

TOTAL AMOUNT DUE
$
CANDIDATE RECERTIFICATION APPLICATION (CONT’D)
WRITTEN EXAMINATION—MOBILE, TOWER, & OVERHEAD CRANE OPERATOR

TEST SITE AT WHICH YOU INTEND TO TAKE THE WRITTEN EXAMINATION

<table>
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<tr>
<th>TEST SITE NAME</th>
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<tr>
<td>TEST SITE ADDRESS</td>
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<td>CITY</td>
<td>STATE</td>
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<td>TEST ADMINISTRATION NUMBER</td>
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☐ I do NOT have 1,000 hours of documented crane-related experience and must take an CCO Practical Exam for each designation for which I wish to be recertified.

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 affirm either that I have maintained at least 1,000 hours of crane-related experience in the past five years or, if I have not maintained this experience, I have checked the box above this panel indicating that before my certification expires I will take and pass a practical exam for each designation for which I wish to be recertified. 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.

CANDIDATE SIGNATURE

DATE

METHOD OF PAYMENT FOR CANDIDATE EXAMINATION FEES

☐ Personal check enclosed
☐ Employer check enclosed
☐ Money order enclosed

Do not send cash.

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.

Checks and money orders should be payable to: NCCCO

Please send application and payment to: NCCCO—Testing Services Department
1960 Bayshore Blvd.
Dunedin, Florida 34698

Phone: 727-449-8525
Fax: 727-461-2746
Email: kqualls@nccco.org

CANDIDATE APPLICATION CHECKLIST

☐ I have completed and signed this Recertification Exam Application.
☐ I have provided credit card information or a check or money order for the correct amount due.
☐ I have emailed a color digital photo (full face, no sunglasses, no hat) to photos@nccco.org and labeled it with my full name and birth date.
☐ I do not have a digital photo, so I am attaching a 1½” × 1¾” passport photo with this application.

For additional information regarding recertification, contact:

National Commission for the Certification of Crane Operators (NCCCO)
2750 Prosperity Avenue, Suite 505
Fairfax, VA 22031
Phone: 703-560-2391
Fax: 703-560-2392
info@nccco.org
www.nccco.org

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