June 2010

CALL FOR VOLUNTEERS

NCCCO PLANS CRANE INSPECTOR CERTIFICATION PROGRAMS

The National Commission for the Certification of Crane Operators (NCCCO) is planning an expansion of its national certification programs with the addition of a new program: crane inspector certification. It is envisioned most of the development work for this new program will be conducted during 2010 and first quarter 2011.

Opportunities exist for qualified individuals to participate in these development activities. There are two main ways of participating:

(i) As a member of the Task Force. A Task Force will guide the development of this certification program. Task Force applicants must be able to demonstrate significant expertise in their chosen subject area, and they must devote sufficient time and resources to attending several (6-8) in-person meetings during the anticipated 10- to 12-month development timeframe.

(ii) As an Item Writer. Participation in item (question) writing activities also requires significant subject matter expertise, but the work commitment is less than as a full member of the Task Force. In addition, most of this work will be conducted via conference calls and email rather than through in-person meetings.

If you feel that you may meet the requirements for participation in one of these important roles, please complete the attached Application Form and email it back to joliva@nccco.org as soon as possible—plans are now well in hand for an inaugural meeting of the Task Force in Houston, TX, July 19-21, 2010. Your application will be reviewed by the Task Force chairmen and you will be contacted shortly as to your selection status.

Further information on the proposed development process is provided in the attached documents.

Sincerely
Graham Brent
Graham Brent
Executive Director
CRANE INSPECTOR TASK FORCE
APPLICATION FORM

Please complete all fields, all sections.

1. Subject Area Expertise
I am interested in assisting in the development of the following certification program:

☐ Crane Inspector

2. Level of Participation Requested
I wish to be considered for participation as follows (please check one):

☐ Task Force Member  ☐ Item Writer

3. Contact Information

Name:__________________________________________________________

Title:__________________________________________________________

Company/Organization:________________________________________

Address:________________________________________________________________

City/State/Zip:____________________________________________________

Tel:_________________________Cell:_________________________Fax:_____________________

Email:__________________________________________________________
4. Professional qualifications, memberships, positions held

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

5. Specific experience and qualifications applicable to this position
(Please attach any supporting documentation that you wish to be taken into consideration.)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

6. References
List two individuals as personal or professional references.

1. _______________________________________________________________________
   Name                              Tel.                              Relationship

2. _______________________________________________________________________
   Name                              Tel.                              Relationship

7. Resources.
Do you have the time and financial backing to participate in the activities you have selected?

☐ Yes    ☐ No

8. Inaugural Meeting.
If selected for membership of the Task Force, are you able to attend the inaugural meeting scheduled for July 19-21, 2010 in Houston, TX?

☐ Yes    ☐ No


Signed: ___________________________ Date: ___________________________

Please email or fax completed form, along with any supporting documentation, to: Joel Oliva, National Commission for the Certification of Crane Operators: joliva@nccco.org; 703/560-2392 (fax).