National Commission for the Certification of Crane Operators

PRACTICAL EXAMINER APPLICATION FORM

Please complete all sections.

1. Applicant Information

Articulating Crane

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Host Company</th>
<th>Fees</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ June 16-18, 2010</td>
<td>Kent, WA</td>
<td>Overton Safety/GTS Interior Supply</td>
<td>$650</td>
</tr>
</tbody>
</table>

Refresher

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Host Company</th>
<th>Fees</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ June 16, 2010</td>
<td>Kent, WA</td>
<td>Overton Safety/GTS Interior Supply</td>
<td>$175</td>
</tr>
</tbody>
</table>

First Name________________________________ Last Name____________________ Last Four Social Security #:__________

Company Name____________________________________________________________________________________

Address __________________________________________________________________________________________

City________________________________ State_________ Zip____________________________

Phone _______________________________ Fax ________________________________

Credit Card No. _______________________________ Exp. Date____________________ (Circle One) Visa/MasterCard

Security Code ___________ E-mail____________________________________________

Name on Card________________________________ Signature____________________

2. Are you currently CCO Certified? Are you currently an Accredited Practical Examiner?

If you are, check appropriate category(s): Certification Number: ____________________________

☐ Lattice Boom Crawler ☐ Lattice Boom Crawler
☐ Lattice Boom Truck ☐ Lattice Boom Truck
☐ Telescopic Boom- Fixed Cab ☐ Telescopic Boom- Fixed Cab
☐ Telescopic Boom- Swing Cab ☐ Telescopic Boom- Swing Cab
☐ Tower Crane ☐ Tower Crane
☐ Overhead Crane ☐ Overhead Crane
☐ Signalperson ☐ Signalperson
☐ Certified Rigger Level I ☐ Certified Rigger Level I
☐ Articulating Boom- Crane ☐ Articulating Boom- Crane
☐ Articulating Boom- Loader ☐ Articulating Boom- Loader

*NCCCO Certification Written Exams for the ACO Program will be administered during the first day of the workshop. Practical & Written Certification exam fees are not included as part of the Practical Examiner Workshop fees and are due at the time of testing.*
3. Professional qualifications, memberships, positions held.
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

4. Specific experience and qualifications applicable to this position.
(Please attach resume and any supporting documentation you wish NCCCO to take into consideration.)
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

5. References
List two individuals as professional references.

1. ____________________________________________  __________________________________________
   Name                                Phone                             Relationship

2. ____________________________________________  __________________________________________
   Name                                Phone                             Relationship

6. Submission of Application
In signing this application to attend a Practical Examiner Workshop, I understand that submission of this application does not guarantee admission into the program. I further understand that my participation in the Practical Examiner Accreditation Program and performance in the workshop activities must meet program expectations in order to receive accreditation. Failure to meet those expectations or follow NCCCO policies may result in denial, suspension or revocation of my Practical Examiner Accreditation status.

Signed: ____________________________________________  Date: _____________________________

Please return, along with supporting documentation, to: Phillip Kinser,
National Commission for the Certification of Crane Operators, 57 West 200 South,
Suite 404, Salt Lake City, UT 84101
Fax: 801-363-3806

FOR NCCCO USE ONLY

Date Received: ________________  By: ___________________________
Application Complete? YES/NO
Application Approved? YES/NO
Copy emailed to NCCCO HQ YES/NO  By: ___________________________  Date: ___________________________
Comments: ________________________________