# National Commission for the Certification of Crane Operators

## PRACTICAL EXAMINER APPLICATION FORM

*Please complete all sections.*

### Mobile Crane ONLY

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Host Company</th>
<th>Fees</th>
</tr>
</thead>
<tbody>
<tr>
<td>November 28-30, 2011</td>
<td>Meadville, PA</td>
<td>Crawford Custom Consulting</td>
<td>$650</td>
</tr>
</tbody>
</table>

### Articulating Crane ONLY

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Host Company</th>
<th>Fees</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 1-2, 2011</td>
<td>Meadville, PA</td>
<td>Crawford Custom Consulting</td>
<td>$625</td>
</tr>
</tbody>
</table>

### Mobile & Articulating Crane

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Host Company</th>
<th>Fees</th>
</tr>
</thead>
<tbody>
<tr>
<td>November 28-December 2, 2011</td>
<td>Meadville, PA</td>
<td>Crawford Custom Consulting</td>
<td>$1,100</td>
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### Refresher

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Host Company</th>
<th>Fees</th>
</tr>
</thead>
<tbody>
<tr>
<td>November 28, 2011</td>
<td>Meadville, PA</td>
<td>Crawford Custom Consulting</td>
<td>$175</td>
</tr>
</tbody>
</table>

## 1. Applicant Information

- **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:________________________
  - Practical Examiner Number:____________________

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

- **If you are, check appropriate category(s):**
  - Lattice Boom Crawler
  - Lattice Boom Truck
  - Telescopic Cranes Fixed Cab
  - Telescopic Cranes Swing Cab
  - Tower Crane
  - Overhead Crane
  - Signalperson
  - Rigger Level I
  - Articulating Crane

*NCCCO Practical Certification exam fees for the Articulating Crane Program 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:
Erin Jones
National Commission for the Certification of Crane Operators
57 West 200 South, Suite 404
Salt Lake City, UT 84101
Fax: 801-363-3806
E-Mail: ejones@nccco.org

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: