National Commission for the Certification of Crane Operators

PRACTICAL EXAMINER APPLICATION FORM

Please complete all sections.

Signalperson

- Date: December 14, 2010
- Location: Salem, OR
- Host Company: Morrow Equipment
- Fees: $625

Rigger Level I

- Date: December 15-16, 2010
- Location: Salem, OR
- Host Company: Morrow Equipment
- Fees: $625

Signalperson/ Rigger Level I

- Date: December 14-16, 2010
- Location: Salem, OR
- Host Company: Morrow Equipment
- Fees: $1075

Signalperson Refresher

- Date: December 14, 2010
- Location: Salem, OR
- Host Company: Morrow Equipment
- Fees: $175

Rigger Level I Refresher

- Date: December 15, 2010
- Location: Salem, OR
- Host Company: Morrow Equipment
- Fees: $175

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:______________________________
   If you are, check appropriate category(s): 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
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: