National Commission for the Certification of Crane Operators

PRACTICAL EXAMINER APPLICATION FORM

Please complete all sections.

<table>
<thead>
<tr>
<th>Signalperson</th>
<th>Date</th>
<th>Location</th>
<th>Host Company</th>
<th>Fees</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>May 17, 2012</td>
<td>Phoenix, AZ</td>
<td>Marco Crane &amp; Rigging</td>
<td>$625</td>
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<tr>
<td>Rigger Level I</td>
<td>May 18-19, 2012</td>
<td>Phoenix, AZ</td>
<td>Marco Crane &amp; Rigging</td>
<td>$625</td>
</tr>
<tr>
<td>Signalperson/ Rigger Level I</td>
<td>May 17-19, 2012</td>
<td>Phoenix, AZ</td>
<td>Marco Crane &amp; Rigging</td>
<td>$1075</td>
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<tr>
<td>Signalperson Refresher</td>
<td>May 17, 2012</td>
<td>Phoenix, AZ</td>
<td>Marco Crane &amp; Rigging</td>
<td>$175</td>
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<tr>
<td>Rigger Level I Refresher</td>
<td>May 18, 2012</td>
<td>Phoenix, AZ</td>
<td>Marco Crane &amp; Rigging</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 Crawler |
| Lattice Boom Truck | Lattice Boom Truck |
| Telescopic Crane Fixed Cab | Telescopic Cranes Fixed Cab |
| Telescopic Crane Swing Cab | Telescopic Cranes Swing Cab |
| Tower Crane | Tower Crane |
| Overhead Crane | Overhead Crane |
| Articulating Boom Crane | Articulating Boom Crane |
| Articulating Boom Loader | Articulating Boom Loader |
| Signalperson | Signalperson |
| Rigger Level I | Rigger Level I |
| Rigger Level II | Rigger Level II |
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: