Please type or print neatly.

NAME  
First  Middle  Last

CCO CERTIFICATION NUMBER (IF PREVIOUSLY CERTIFIED)  SOCIAL SECURITY #  DATE OF BIRTH (mm/dd/yyyy)

MAILING ADDRESS
CITY  STATE  ZIP

PHONE  CELL  FAX  E-MAIL

COMPANY ORGANIZATION

COMPANY MAILING ADDRESS
CITY  STATE  ZIP

ARE YOU A RETEST CANDIDATE?  NO  YES  Date last tested: __/__/__

TEST SITE # (contact Test Site Coordinator)  DATE YOU INTEND TO TEST (mm/dd/yyyy)  TEST SITE COORDINATOR

Note: Applications received without a Test Site Number will be marked incomplete and cannot be processed.

BUBBLE IN next to the Exam category for which you are applying.

<table>
<thead>
<tr>
<th>EXAM DESCRIPTION</th>
<th>EXAM FEES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signalperson Written and Practical Exam  (Signalperson candidates only - certification card INCLUDED)</td>
<td>652701 $190</td>
</tr>
<tr>
<td>Signalperson Written and Practical Exam  (Current NCCCO Certified card holder)</td>
<td>652701 $100</td>
</tr>
<tr>
<td>RETEST Signalperson Written Exam  (Signalperson candidate only)</td>
<td>652701 $95</td>
</tr>
<tr>
<td>RETEST Signalperson Practical Exam  (Signalperson candidate only)</td>
<td>652701 $95</td>
</tr>
<tr>
<td>RETEST Signalperson Written Exam  (Current NCCCO Certified card holder)</td>
<td>652701 $50</td>
</tr>
<tr>
<td>RETEST Signalperson Practical Exam  (Current NCCCO Certified card holder)</td>
<td>652701 $50</td>
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</table>

ADDITIONAL FEES

<table>
<thead>
<tr>
<th>ADDITIONAL FEES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Updated Certification Card  (*for current NCCCO Certified card holder ONLY)</td>
<td>$25</td>
</tr>
<tr>
<td>Candidate Late Fee</td>
<td>$50</td>
</tr>
<tr>
<td>Incomplete Application Fee  (See Candidate handbook for details)</td>
<td>$30</td>
</tr>
</tbody>
</table>

TOTAL AMOUNT ENCLOSED  $
NCCCO CERTIFICATION CARDS

Candidates who meet all the requirements for certification in any one category are issued a certification card at no charge. Replacement and updated cards are available for an additional fee; see panel below.

Under penalties of perjury, I declare that the foregoing statements and those in any required accompanying documentation are true. I understand and agree that my failure to provide accurate and complete information or abide by NCCCO’s polices and procedures, including the Code of Ethics, shall constitute grounds for the rejection of my application, or denial or revocation of my certification. I understand that NCCCO reserves the right to verify any information in this application or in connection with my certification. I consent to NCCCO’s release of any information regarding this application and my examination administration to third parties. I have received a copy of the NCCCO Candidate Handbook and have read, and do understand and agree to be bound by all prevailing NCCCO policies and procedures.

METHOD OF PAYMENT FOR CANDIDATE EXAMINATION FEES

Do not send cash. Do not staple your check.

☐ Visa ☐ American Express ☐ Personal Check ☐ Money Order
☐ MasterCard ☐ Discover Card ☐ Employer Check

SECURITY CODE

CREDIT CARD NUMBER

EXPIRATION DATE

NAME (Print as it appears on card)

SIGNATURE (on card)

Checks and money orders should be payable to:

International Assessment Institute - Attention: CCO testing
600 Cleveland Street, Suite 900
Clearwater, Florida 33755

Phone: 727-449-8525
Fax: 727-461-2746

CANDIDATE APPLICATION CHECKLIST

☐ I have completed and signed the Candidate Application.

☐ I have provided credit card information or a check or money order for the correct amount.