



# Candidate Application

## WRITTEN EXAMINATIONS—LIFT DIRECTOR (PAPER/PENCIL TEST ONLY)

Please type or print neatly. All fields marked with an asterisk (\*) must be completed or application will be considered incomplete.

FULL LEGAL NAME <small>(as shown on driver's license)</small>		FIRST*	Middle	LAST*	Suffix (Jr., Sr., III)
CCO CERTIFICATION NUMBER (if previously certified)		DATE OF BIRTH*		CANDIDATE ID: <small>(if previously tested)</small>	
PERSONAL MAILING ADDRESS*			CITY*	STATE*	ZIP* COUNTRY
HOME PHONE	CELL PHONE*		CANDIDATE EMAIL* (PERSONAL EMAIL UNIQUE TO CANDIDATE)		
COMPANY/ORGANIZATION				PHONE	
COMPANY MAILING ADDRESS			CITY	STATE	ZIP COUNTRY
<input type="checkbox"/> I AM REQUESTING TESTING ACCOMMODATIONS IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT (ADA). <i>(For details on NCCCO's Testing Accommodations policy, please see <a href="http://www.nccco.org/accommodations">www.nccco.org/accommodations</a>)</i>					

ARE YOU A CURRENTLY CCO-CERTIFIED CRANE OPERATOR IN GOOD STANDING?  Yes  No

If you checked "yes" above, what is your CCO operator certification number? \_\_\_\_\_

Also please indicate the cranes you are certified to operate:  Mobile Cranes  Tower Cranes

### WRITTEN EXAMINATION(S) FOR WHICH YOU ARE APPLYING

FILL IN the circle next to the crane type(s) for which you are applying. Total the amount due at bottom.

#### WRITTEN EXAMS\*

<input type="radio"/> Lift Director Core Exam 811101	.....
<input type="radio"/> Lift Director Mobile Crane Specialty 811201	.....
<input type="radio"/> Lift Director Tower Crane Specialty 811301	.....
<input type="radio"/> Mobile Crane Operator Core Exam 652603	LOAD CHARTS (Check one for each Specialty Exam)
<input type="radio"/> Lattice Boom Crawler Specialty 652620	<input type="checkbox"/> American LBC
<input type="radio"/> Lattice Boom Crawler Specialty 652607	<input type="checkbox"/> Manitowoc LBC
<input type="radio"/> Lattice Boom Truck Specialty 652609	<input type="checkbox"/> Link-Belt LBT
<input type="radio"/> Lattice Boom Truck Specialty 652610	<input type="checkbox"/> Manitowoc LBT
<input type="radio"/> Telescopic Boom—Swing Cab Specialty 652612	<input type="checkbox"/> Grove TLL (Truck Mount)
<input type="radio"/> Telescopic Boom—Swing Cab Specialty 652613	<input type="checkbox"/> Link-Belt TLL (Rough Terrain)
<input type="radio"/> Telescopic Boom—Fixed Cab Specialty 652616	<input type="checkbox"/> Manitex TSS (Boom Truck)
<input type="radio"/> Telescopic Boom—Fixed Cab Specialty 652660	<input type="checkbox"/> Shuttlelift (Carry Deck)
<input type="radio"/> Tower Crane Operator 654601	.....
<input type="radio"/> Rigger Level II 652802	.....

#### OTHER FEES

- Candidate Late Fee (if applicable) ..... \$50
- Incomplete Application Fee (if applicable)..... \$30
- Updated/Replacement Card..... \$25

ADD TO TOTAL AMOUNT AT RIGHT →

#### WRITTEN EXAM/RETEST FEES

##### LIFT DIRECTOR EXAMS

- Lift Director Core Exam..... \$150
- Lift Director Mobile Crane Specialty ..... \$150
- Lift Director Tower Crane Specialty..... \$150

##### MOBILE CRANE OPERATOR EXAMS

- Core Exam plus one Specialty Exam ..... \$180
- Core Exam plus two Specialty Exams ..... \$200
- One Specialty Exam ..... \$75
- Two Specialty Exams (Retest or Added Specialty)..... \$95

##### TOWER CRANE OPERATOR EXAM

- Tower Crane Written Exam ..... \$180

##### RIGGER LEVEL II EXAM

- Rigger Level II Written Exam (new Candidate) ..... \$100

##### OTHER FEES

- Candidate Late Fee (if applicable) ..... \$50
- Incomplete Application Fee (if applicable)..... \$30

TOTAL AMOUNT DUE ..... \$

For logistical reasons, and in fairness to each candidate, it is not recommended that a candidate schedule written exams totaling more than six hours of testing time on the same day.

# CANDIDATE APPLICATION (CONT'D)

## LIFT DIRECTOR WRITTEN EXAMINATION(S)

### TEST SITE AT WHICH YOU INTEND TO TAKE THE WRITTEN EXAMINATION

TEST SITE NAME	TEST SITE COORDINATOR NAME*		
TEST SITE ADDRESS			
CITY	STATE	ZIP	COUNTRY
TEST ADMINISTRATION NUMBER*	TEST DATE*		

*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 policies and procedures, including the Code of Ethics, shall constitute grounds for the rejection of my application, or denial or revocation of my certification, or other sanctions. I understand that NCCCO reserves the right to verify any information in this application or in connection with my certification. I expressly consent to NCCCO's release of any information consistent with NCCCO's Information Release policy, and I expressly consent to NCCCO's Privacy Policy as set forth on the NCCCO website. I have read the NCCCO Candidate Handbook and agree to be bound by all NCCCO policies and procedures—including NCCCO's substance abuse policy—as they may be amended from time to time, including without limitation those posted at nccco.org. I agree to cooperate with any NCCCO investigations and further agree that any legal proceeding arising out of or in any way relating to my NCCCO certification(s) shall be commenced in the state of Virginia and irrevocably submit to, and waive any objections to, such exclusive jurisdiction and venue. I understand that if at any point during my certification period I fail to meet any of the requirements outlined above, or if matters arise that can affect my capability to continue to fulfill certification requirements, I must report it to NCCCO immediately.*

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CANDIDATE SIGNATURE*	DATE*
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### CCO CERTIFICATION CARD

*Candidates who meet all the requirements for certification in any one designation are issued a certification card at no charge. As certificants add additional designations, updated cards are issued at no additional charge. Replacement cards are available for an additional fee; order online at nccco.org/newcard.*

*Please provide your Test Site Coordinator with a digital color photo (without hat or sunglasses) labeled with your full name and birth date. Alternately, a 1 3/8" x 1 3/4" color passport photo may be substituted for a digital photo; if submitting a passport photo, please give it to your Test Site Coordinator, do not mail it directly to NCCCO.*

### METHOD OF PAYMENT

*CCO will invoice by email for the payment of the applicable candidate fees. Invoice will be sent from noreply@nccco.org. Your request will not be processed until payment has been received. Please pay promptly to avoid delays in processing.*

*Email invoice to: \_\_\_\_\_*

***Please email this form to CCO at writtenapps@nccco.org.***