

PRACTICAL EXAMINER APPLICATION FORM

Please complete all sections.

Articulating Boom Loader

<input type="checkbox"/>	<u>Date</u>	<u>Location</u>	<u>Host Company</u>	<u>Fees</u>
<input type="checkbox"/>	June 22-23, 2022	Houston, TX	Beacon Building Products	\$900

1. Applicant Information

First Name _____ Last Name _____ Candidate ID _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

(In order to receive essential program updates, this must be your personal email, not a shared address.)

2. Payment Information

CCO will invoice by email. [All fees are subject to CCO's Financial Terms and Conditions.](#)

3. Are you currently an Accredited Practical Examiner? Yes/No

4. Are you currently CCO Certified? Certification Number: _____

Check appropriate category(ies):

- | | |
|---|---|
| <input type="checkbox"/> Lattice Boom Crawler | <input type="checkbox"/> Digger Derrick |
| <input type="checkbox"/> Lattice Boom Truck | <input type="checkbox"/> Dedicated Pile Driver |
| <input type="checkbox"/> Telescopic Crane Fixed Cab | <input type="checkbox"/> Foundation Drill Rig |
| <input type="checkbox"/> Telescopic Crane Swing Cab | <input type="checkbox"/> Anchor/Micropile Drill Rig |
| <input type="checkbox"/> Service Truck Crane | <input type="checkbox"/> Signalperson |
| <input type="checkbox"/> Tower Crane | <input type="checkbox"/> Rigger Level I |
| <input type="checkbox"/> Overhead Crane | <input type="checkbox"/> Rigger Level II |
| <input type="checkbox"/> Articulating Boom Crane | |
| <input type="checkbox"/> Articulating Boom Loader | |

**Please note- to apply to attend a PEAP workshop, you must already be CCO certified in the applicable program. Spots cannot be reserved pending certification results.*

5. References

List two individuals as professional references.

1. _____
Name Phone Relationship
2. _____
Name Phone Relationship

6. Submission of Application

Applicants to attend a CCO Practical Examiner workshop may withdraw their application with a written request (or substitute a qualified applicant) up until the application deadline – typically, two (2) weeks prior to the start of the workshop – and receive a full refund.

After the application deadline is passed, and up to two (2) full business days prior to the start of the workshop, the application fee to attend a CCO Practical Examiner workshop will be refunded minus a \$150 administrative cancellation fee. Qualified substitutions during this time frame are subject to the same terms.

If an applicant fails to provide sufficient notice to cancel or substitute within the deadlines specified above, the applicant will be subject to forfeiture of all workshop fees paid.

From time to time, NCCCO Practical Examiner workshops may be cancelled or rescheduled because of limited enrollment, equipment issues, or for other reasons. In such cases, NCCCO will endeavor to provide you with (but cannot guarantee) at least one week's notice of any changes. Please take this into account when making travel plans.

Attendees at NCCCO Practical Examiner Accreditation Workshops are required to re-take and pass the Practical Exam(s) for the category(ies) in which they hold NCCCO Certification and wish to receive accreditation as a Practical Examiner. These exams must be conducted in the presence of an NCCCO Auditor and will be administered during the audit. Attendees will have 2 attempts to pass the Practical Exam. Failure to pass the subsequent Practical Exam(s) will result in the revocation of your NCCCO Certification for that category.

By signing this application to attend a Practical Examiner Workshop, you acknowledge that submission of this application does not guarantee admission into the program. You further understand that your participation in the Practical Examiner Accreditation Program and performance in the workshop activities must meet program expectations in order to receive accreditation, and that failure to meet those expectations or to follow NCCCO policies may result in denial, suspension or revocation of any Practical Examiner Accreditation status. Finally, by signing this application, you represent that your statements in this application and those in any required accompanying documentation are true.

Signed: _____ Date: _____
**Typed signatures cannot be accepted*

Please return to:

***Practical Examiner Accreditation Team
National Commission for the Certification of Crane Operators
5250 Commerce Dr, Suite 100
Murray, UT 84107
E-Mail: peworkshops@nccco.org***

FOR NCCCO USE ONLY

Date Received: _____ By: _____

Application Complete? YES/NO

Application Approved? YES/NO By: _____