

NATIONAL COMMISSION FOR THE CERTIFICATION OF CRANE OPERATORS

PRACTICAL EXAMINER APPLICATION FORM

Please complete all sections.

Operator Refresher

	<u>Date</u>	<u>Location</u>	<u>Host Company</u>	<u>Fees</u>
<input type="checkbox"/>	February 17, 2020	Converse, TX	AH Beck Foundation Co Inc	\$175

Mobile Crane

	<u>Date</u>	<u>Location</u>	<u>Host Company</u>	<u>Fees</u>
<input type="checkbox"/>	February 18-20, 2020	Converse, TX	AH Beck Foundation Co Inc	\$650

1. Applicant Information

First Name _____ Last Name _____ Candidate ID (NCP) _____

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

Credit Card No. _____ Exp. Date _____ Security Code _____

Name on Card _____ Signature _____

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"/>	Lattice Boom Truck
<input type="checkbox"/>	Telescopic Crane Fixed Cab
<input type="checkbox"/>	Telescopic Crane Swing Cab
<input type="checkbox"/>	Service Truck Crane
<input type="checkbox"/>	Tower Crane
<input type="checkbox"/>	Overhead Crane
<input type="checkbox"/>	Articulating Boom Crane
<input type="checkbox"/>	Articulating Boom Loader

<input type="checkbox"/>	Digger Derrick
<input type="checkbox"/>	Dedicated Pile Driver
<input type="checkbox"/>	Foundation Drill Rig
<input type="checkbox"/>	Anchor/Micropile Drill Rig
<input type="checkbox"/>	Signalperson
<input type="checkbox"/>	Rigger Level I
<input type="checkbox"/>	Rigger Level II

5. References

List two individuals as professional references.

1.

Name	Phone	Relationship
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2.

Name	Phone	Relationship
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6. Submission of Application

Applicants for NCCCO Practical Examiner workshops shall provide at least 48 hours (2 business days) notice in writing of any request to cancel their registration. Monies submitted may be applied against a subsequent registration. Alternatively, registrant may request a full refund. Substitutions of qualified applicants are permitted so long as their application has been submitted and approved by NCCCO at least 48 hours (2 business days) prior to the start of the workshop. If an applicant fails to provide proper notice to cancel or substitute, or fails to show up for a workshop within 10 minutes of the scheduled commencement time, the applicant will be subject to forfeiture of all 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.

In addition, please submit an industry-related resume along with this application. Applications will not be considered received or processed without a resume attached.

Signed: _____ Date: _____

Please return, along with supporting documentation, to:

**Jeniel Shaw
National Commission for the Certification of Crane Operators
5250 Commerce Dr, Suite 100
Murray, UT 84107
Fax: 801-363-3806
E-Mail: jshaw@nccco.org**

FOR NCCCO USE ONLY

Date Received:

By:

Application Complete? YES/NO

Application Approved? YES/NO

By: