

## PRACTICAL EXAMINER APPLICATION FORM

**Please complete all sections. It is possible to attend all three workshops.**

### Virtual Operator Refresher (covers all Operator programs) Session 1

<u>Date</u>	<u>Time</u>	<u>Fees</u>
<input type="checkbox"/> June 28, 2022	9:00 am – 1:30 pm MDT	\$300

### Virtual Signalperson Refresher (covers Signalperson program)

<u>Date</u>	<u>Time</u>	<u>Fees</u>
<input type="checkbox"/> June 29, 2022	9:00 am – 10:00 am MDT 10:30 am – 12:00 pm MDT	\$300

### Virtual Rigger Refresher (covers both Rigger Level I and Rigger Level II programs)

<u>Date</u>	<u>Time</u>	<u>Fees</u>
<input type="checkbox"/> June 29, 2022	10:30 am – 2:00 pm MDT	\$300

### Virtual Operator Refresher (covers all Operator programs)- Session 2

<u>Date</u>	<u>Time</u>	<u>Fees</u>
<input type="checkbox"/> June 30, 2022	9:00 am – 1:30 pm MDT	\$300

### 1. Applicant Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Accreditation Number \_\_\_\_\_

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.*

### 3. Attendance Criteria:

- Ensure that you have access to a computer, microphone, webcam, and audio that meet the technology requirements detailed below. **Mobile devices are not sufficient for these workshops and cannot be used.**
- Make sure that you have read and understand all attendance expectations.
- Sign and return the **Statement of Confidentiality, Accredited Practical Examiner Agreement, and Acknowledgement of Attendance Requirements** forms that will be attached to your confirmation email.

### 4. Attendance Expectations:

- Attendee must have access to a quiet room, free of distractions throughout the duration of the workshop.
- Attendee is expected to join the meeting **fifteen minutes prior to the start of the workshop** to allow time to work out any technical issues without interfering with the workshop.
- Recording devices are not permitted within the environment from which the attendee is participating.
- Attendee must not have other persons in the room from which they are attending.
- Attendee must actively participate in the workshop.

### 5. Technology Requirements:

This virtual refresher workshop will be hosted using Zoom. As such, your computer must meet the system requirements listed on their website [here](#).

It is recommended that you run a system check using [this link](#) prior to the date of the workshop.

**6. References**

List two individuals as professional references.

1. \_\_\_\_\_  
Name Phone Relationship

2. \_\_\_\_\_  
Name Phone Relationship

**7. 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.

Applicants for virtual workshops will be subject to the same cancellations policies; however, the administrative cancellation fee will be \$50.00.

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 arrangements.

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](mailto:peworkshops@nccco.org)**

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**FOR NCCCO USE ONLY**

Date Received: \_\_\_\_\_ By: \_\_\_\_\_

Application Complete? YES/NO

Application Approved? YES/NO By: \_\_\_\_\_