



# Combined Test Administration REQUEST FORM—RIGGER & SIGNALPERSON

*This form may also be completed and submitted online at: [www.nccco.org/wtar](http://www.nccco.org/wtar).*

Please submit this form when you have found a facility that meets the test criteria and you are ready to commit to a specific exam date. **This form MUST be submitted at least four weeks prior to the test date selected below.** Incomplete forms or forms with no signature may delay processing. You will receive an approval letter with a test administration number to document on your Candidate Applications, which are due no later than two weeks prior to the Written Exam test date.

This Combined Test Site is for:  Signalperson/Rigger Level I     Rigger Level I/Rigger Level II

Do you want your Test Site open to candidates outside your company or organization? Yes  No

This is my first test administration: Yes  No

Have you submitted your Practical Examination Test Site Application? Yes  No

Is this a secure site (see page 10 for details)? Yes  No  (If “yes” submit separate Security Requirements Report.)

**Test Site Coordinator:** Please indicate the best time of the day for the Chief Examiner to contact you: \_\_\_\_\_ a.m./p.m.

**Please type or print neatly.**

TEST SITE COORDINATOR		COMPANY or ORGANIZATION			
COMPANY MAILING ADDRESS		CITY	STATE	ZIP	
TEST SITE COORDINATOR CELL PHONE	EMAIL (Test Site Coordinator/Company Rep.)				
COMPANY PHONE		COMPANY FAX			
TEST SITE LOCATION NAME (if different from above)		COMPANY REP AT TEST SITE LOCATION (if different from Coordinator above)		COMPANY REP CELL PHONE	
TEST SITE ADDRESS ADDRESS (if different from above)		CITY	STATE	ZIP	
REQUESTED DATE OF TEST	NAME OF PRACTICAL EXAMINER		PE #	PE PHONE	
NAME OF 2ND PRACTICAL EXAMINER (if necessary)		PE #	NAME OF 3RD PRACTICAL EXAMINER (if necessary)		PE #

	# of Certification Candidates:	# of Recertification Candidates:	# of Retest Candidates:	# of Testing Rooms:	# of Practical Examiners:	# of Candidate Handbooks Needed:
Signalperson						
Rigger Level I						
Rigger Level II						

**I have read and understand the expectations of the Test Site Coordinator as well as the criteria for the Test Site as described in the Signalperson Examination Test Site Coordinator Handbook.**

TEST SITE COORDINATOR SIGNATURE	DATE
---------------------------------	------

**Please return this Combined Test Administration Request Form for approval at least four weeks prior to the requested exam date to:**

NCCCO—Testing Services Department  
1960 Bayshore Blvd.  
Dunedin, FL 34698

Phone: 727-449-8525  
Fax: 727-461-2746  
Email: [kqualls@nccco.org](mailto:kqualls@nccco.org)