



Recertification Application

WRITTEN EXAMINATIONS—CRANE INSPECTOR (PAPER/PENCIL TEST ONLY)

Please type or print neatly.

FULL LEGAL NAME (as shown on driver's license)		First	Middle	Last	Suffix (Jr., Sr., III)
CCO CERTIFICATION NUMBER	DATE OF BIRTH	CANDIDATE ID: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
MAILING ADDRESS		CITY		STATE	ZIP
PHONE	CELL	FAX	EMAIL		
COMPANY/ORGANIZATION			PHONE		
COMPANY MAILING ADDRESS		CITY		STATE	ZIP
<input type="checkbox"/> I AM REQUESTING TESTING ACCOMMODATIONS IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT (ADA). (For details on NCCCO's Testing Accommodations policy, please see www.nccco.org/accommodations)					

WRITTEN EXAMINATIONS FOR WHICH YOU ARE APPLYING

This application is for recertification only. You may ONLY recertify for the designation(s) in which you are currently certified. FILL IN the circle next to the exams for which you are applying for recertification. If you would like to take Additional Examinations for inspecting cranes that you are not currently certified on, then FILL IN the examinations of your choice.

RECERTIFICATION EXAMINATIONS & FEES

CRANE INSPECTOR RECERTIFICATION EXAMS		
<input type="radio"/> Core Exam	711201	\$225
<input type="radio"/> Mobile Crane Specialty	711202	\$225
<input type="radio"/> Tower Crane Specialty	711204	\$225
<input type="radio"/> Overhead Crane Comprehensive	711203	\$315

SUBTOTAL (RECERTIFICATION EXAMS): \$

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.

ADDITIONAL EXAMINATIONS & FEES

CRANE INSPECTOR EXAMS		
<input type="radio"/> Core Exam	711101	\$250
<input type="radio"/> Mobile Crane Specialty	711102	\$250
<input type="radio"/> Tower Crane Specialty	711104	\$250
<input type="radio"/> Overhead Crane Comprehensive	711103	\$350
CRANE OPERATOR WRITTEN EXAMS		
<input type="radio"/> Mobile Crane Operator Core*	652603	\$165
<input type="radio"/> Tower Crane Operator*	654601	\$165
<input type="radio"/> Overhead Crane Operator*	653601	\$165
<input type="radio"/> Tower Crane Operator* (if CCO-certified Mobile Crane Operator)	654601	\$50
<input type="radio"/> Overhead Crane Operator* (if CCO-certified Mobile Crane Operator)	653601	\$50

*Crane Inspector recertificants are required to take and pass the corresponding operator written exam(s) at recertification. Currently CCO-certified operators are not required to take the corresponding operator exam(s), as long as they maintain their certification status in good standing. Otherwise, corresponding written operator exams are required for either recertification or for adding additional Crane Inspector specialties.

OTHER FEES	
<input type="radio"/> Candidate Late Fee (if applicable).....	\$50
<input type="radio"/> Incomplete Application Fee (if applicable).....	\$30
<input type="radio"/> Updated/Replacement Card	\$25

TOTAL AMOUNT DUE \$

RECERTIFICATION APPLICATION (CONT'D)

CRANE INSPECTOR WRITTEN EXAMINATION(S)

TEST SITE AT WHICH YOU INTEND TO TAKE THE WRITTEN EXAMINATION

TEST SITE NAME	TEST SITE COORDINATOR	
TEST SITE ADDRESS		
CITY	STATE	ZIP
TEST ADMINISTRATION NUMBER	DATE YOU INTEND TO TAKE THE CCO EXAMINATION	

I do NOT have 1,000 hours of documented crane inspection-related experience during this last certification cycle and must take the initial Crane Inspector written exam for each designation for which I wish to be recertified.

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. I understand that NCCCO reserves the right to verify any information in this application or in connection with my certification. I consent to NCCCO's release of any information regarding this application and my examination administration to third parties, consistent with NCCCO's Information Release policy. I have received a copy of the NCCCO Candidate Handbook, have read it, and agree to be bound by it. I also agree to be bound by all NCCCO policies and procedures, as they may be amended from time to time, including without limitation those posted at nccco.org. I have passed a substance abuse test conducted by a recognized laboratory service and agree to comply with NCCCO's substance abuse policy. I attest that I am in good physical health, as verified by a medical professional, sufficient enough to handle the physical demands that crane inspections require. I further affirm either that I have maintained at least 1,000 hours of crane-inspection experience in the past five years or, if I have not maintained this experience, I have checked the box above this panel indicating that before my certification expires I will take and pass the initial written examination for each designation for which I wish to be recertified. 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 and agree to cooperate with any subsequent investigation regarding such matters.

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. Replacement and updated cards are available for an additional fee; see panel below.

Please email a digital color photo (without hat or sunglasses) to photos@nccco.org and label it with your full name and birth date. Enclose with your application form any required payment based upon the information listed below.

A 1 3/8" X 1 3/4" passport color photo may be substituted for a digital photo; if submitting a passport photo, please give it to your Test Site Coordinator.

METHOD OF PAYMENT FOR CANDIDATE EXAMINATION FEES

Do not send cash.

<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Personal check enclosed	<input type="checkbox"/> Employer check enclosed	<input type="checkbox"/> Money Order enclosed	<i>Please do not staple your check or money order.</i>
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If paying by credit card, complete the following information:

CREDIT CARD NUMBER	EXPIRATION DATE
NAME (Print as it appears on card)	SECURITY CODE*
SIGNATURE (on card)	

Checks and money orders should be payable to: **NCCCO**

* Three- or four-digit code located on the card.

Please send application and payments to:

NCCCO—Testing Services Department
4141 S. Highland Drive, Suite 225
Salt Lake City, Utah 84124

Email: kqualls@nccco.org
Phone: 727-449-8525
Fax: 801-938-9540