



Test Site Application & Data Sheet

PRACTICAL EXAMINATION—MOBILE CRANES

Please type or print neatly.

HOST COMPANY REPRESENTATIVE	TEST SITE NUMBER
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HOST COMPANY NAME

HOST COMPANY MAILING ADDRESS

CITY	STATE	ZIP
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HOST PHONE	HOST FAX	HOST EMAIL
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TEST SITE ADDRESS (Physical address of where the crane(s) will be set up; P.O. Boxes not acceptable)	<input type="checkbox"/> This is a secured site. (Submit separate Security Requirements Report; see page 5 for details.)		
<table border="1" style="width:100%"> <tr> <td style="width:40%">CITY</td> <td style="width:20%">STATE</td> <td style="width:40%">ZIP</td> </tr> </table>		CITY	STATE
CITY	STATE	ZIP	

CHECK BOXES AS APPROPRIATE		
<input type="checkbox"/> \$50 Site Fee for _____ (year) enclosed	<input type="checkbox"/> \$50 Site Fee for _____ (year) already paid	<input type="checkbox"/> This is my first test administration

TEST SITE COORDINATOR NAME	PHONE	EMAIL
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PRACTICAL EXAMINER NAME	PRACTICAL EXAMINER EMAIL
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DATE(S) OF TEST

The Test Site Coordinator or Company Representative assumes total responsibility for the following items:

1. Selection of cranes and verification that at all times during the testing process the cranes are in compliance with federal and state OSHA requirements and the current ASME B30 standard
2. Verification that candidate's application for the Practical Exam is complete
3. Abiding by NCCCO Practical Test Site Audit requirements

SIGNATURE	DATE
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METHOD OF PAYMENT FOR TEST SITE FEE

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, please complete the following information:

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

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

Checks and money orders should be payable to: NCCCO

Please send application and payments to:

National Commission for the Certification of Crane Operators
 Western Regional Office
 57 West 200 South, Suite 404 Salt Lake City, Utah 84101
 Phone: 801-363-2693 / Fax: 801-363-3806 / Email: ejones@nccco.org

TEST SITE APPLICATION & DATA SHEET (CONT'D)

PRACTICAL EXAMINATION—MOBILE CRANES

TEST SITE NUMBER

INSTRUCTIONS FOR COMPLETING THIS DATA SHEET

Photocopy this form for use with every crane you plan to test on.

Please ensure to include the load charts, working area diagrams, and range diagrams for each test crane in its proposed configuration. NCCCO cannot process this application without all this information.

SECTION A: CRANE TYPE (Check the box next to the type of the crane you plan to test on.)

<input type="checkbox"/> LATTICE BOOM TRUCK*	*For Lattice Boom Only: IS THIS A FRICTION MACHINE? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> LATTICE BOOM CRAWLER*	For NCCCO testing purposes, a friction machine is defined as a lattice boom crane in which the sole means of hoist and lower functions is through friction clutches and brakes.
<input type="checkbox"/> TELESCOPIC BOOM—SWING CAB**	**For Telescopic Boom Only: IS THIS A BOOM TRUCK? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> TELESCOPIC BOOM—FIXED CAB**	For NCCCO testing purposes, a boom truck (commercial truck-mounted crane) is defined as a crane consisting of a rotating superstructure (center post or turntable), a fixed or telescopic boom, operating machinery and one or more operator's stations, mounted on a frame attached to a commercial truck chassis with a payload hauling capability whose power source powers the crane. Its function is to lift, lower, and swing loads at various radii, requiring the use of outriggers/stabilizers.

SECTION B: CRANE SETUP (Provide data for items 1 thru 11 using the crane's load chart. Answer items 5-7 for the appropriate crane type and/or capacity.)

1. MAKE/MODEL	2. SERIAL NUMBER	3. MAX RATED CAPACITY (TONS)
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4. CONFIGURATION OF CRANE	WORKING AREA:	OUTRIGGER/STABILIZER SPREAD:	CRANE POSITION:
COUNTERWEIGHT:	<input type="checkbox"/> 360°	<input type="checkbox"/> Front _____ ft.	<input type="checkbox"/> Behind cab
<input type="checkbox"/> Standard	<input type="checkbox"/> 180°	<input type="checkbox"/> Back: _____ ft.	<input type="checkbox"/> Center mount
<input type="checkbox"/> Adjustable: _____ lb.	<input type="checkbox"/> Other: _____	TRUCK BED LENGTH: _____ ft.	<input type="checkbox"/> Rear mount
Type: _____	CONTROL POSITION:	JIB STOWED? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fifth wheel
ROPE SIZE & TYPE: _____	<input type="checkbox"/> Fixed Controls		
	<input type="checkbox"/> Remote Controls (may only be used if noted on supplied CAD)		

Answer item 5 for TELESCOPIC BOOM CRANES only.

5. MAXIMUM FULL POWERED BOOM: _____ FT.

Answer item 6 for LATTICE BOOM CRANES UP TO 50 TONS CAPACITY only.

6. 80 FT. OF BOOM (± 10 FT.) = _____ FT.

Answer item 7 for LATTICE BOOM CRANES ABOVE 50 TONS CAPACITY only.

7. 120 FT. OF BOOM (± 10 FT.) = _____ FT.

8. ALLOWABLE LINE PULL AS STATED IN THE LOAD CHART: _____ LB.

9. TEST WEIGHT RANGE BETWEEN: _____ (20% OF LINE PULL) AND _____ LB. (30% OF LINE PULL)

Note: Carry-decks and boom trucks may have a different Test Weight range that is based on the machine capacity at the longest test radius. In any case, a 55-gallon drum MAY NOT be used as a Test Weight.

10. HEIGHT OF TEST WEIGHT: _____ FT.

11. DIAMETER OF TEST WEIGHT: _____ FT. + 4 FT. = WIDTH OF ZIGZAG CORRIDOR: _____ FT.

SECTION C: TO BE COMPLETED BY NCCCO (Leave this section blank.)

12. LENGTH OF INSIDE LEGS OF CORRIDOR: _____ FT.	13. LENGTH OF OUTSIDE LEGS OF CORRIDOR: _____ FT.
14. RADIUS FROM CENTER OF ROTATION OF CRANE TO:	
CENTER OF BARREL 1: _____ FT.	CENTER OF BARREL 2: _____ FT. CENTER OF STOP CIRCLE: _____ FT.
15. RADIUS WITH _____ FT. BOOM AT 50 DEGREE ANGLE = _____ FT.	
CAPACITY IN THIS CONFIGURATION (MAY BE LIMITED BY SINGLE LINE PULL): _____ LB.	