



Test Site Application

PRACTICAL EXAMINATIONS—RIGGER PROGRAMS

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	COUNTRY
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HOST PHONE	HOST EMAIL	<input type="checkbox"/> This is a secured site. (Submit separate Security Requirements Report; see page 10 for details.)
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TEST SITE ADDRESS (Physical address of where the crane(s) will be set up; P.O. Boxes not acceptable)
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CITY	STATE	ZIP	COUNTRY
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RIGGER PROGRAMS TO BE TESTED AT THIS SITE (CHECK THE APPROPRIATE BOX): <input type="checkbox"/> RIGGER LEVEL I <input type="checkbox"/> RIGGER LEVEL II <input type="checkbox"/> BOTH RIGGER LEVEL I <u>AND</u> RIGGER LEVEL II
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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	TEST SITE COORDINATOR PHONE
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TEST SITE COORDINATOR EMAIL

PRACTICAL EXAMINER NAME	PRACTICAL EXAMINER EMAIL
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The Test Site Coordinator or Company Representative assumes total responsibility for the following items:

1. Verification that candidate's application for the Practical Exam is complete.
2. 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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Checks and money orders should be payable to: NCCCO

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 your card.

Please return this Test Site Application and fee 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