Test Site Application

PRACTICAL EXAMINATION—SIGNALPERSON

Please type or print neatly.

HOST COMPANY REPRESENTATIVE | TEST SITE NUMBER

HOST COMPANY NAME

HOST COMPANY MAILING ADDRESS

CITY | STATE | ZIP | COUNTRY

HOST PHONE | HOST EMAIL

❒ This is a secured site. (Submit separate Security Requirements Report; see page 10 for details.)

TEST SITE ADDRESS (Physical address of where the crane(s) will be set up; P.O. Boxes not acceptable)

CITY | STATE | ZIP | COUNTRY

CHECK BOXES AS APPROPRIATE

❒ $50 Site Fee for _____ (year) enclosed ❒ $50 Site Fee for _____ (year) already paid ❒ This is my first test administration

TEST SITE COORDINATOR NAME | TEST SITE COORDINATOR PHONE

TEST SITE COORDINATOR EMAIL

PRACTICAL EXAMINER NAME | PRACTICAL EXAMINER EMAIL

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

METHOD OF PAYMENT FOR TEST SITE FEE

Do not send cash.

❒ VISA ❒ MasterCard ❒ American Express ❒ Personal check enclosed ❒ Employer check enclosed ❒ Money order enclosed *Please do not staple your check or money order.*

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

Copyright 2008–2017 National Commission for the Certification of Crane Operators. All rights reserved. TSCH-SGP REV 02/17