



Test Site Application

PRACTICAL EXAMINATION—TOWER 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%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">CITY</td> <td style="width:25%; padding: 2px;">STATE</td> <td style="width:25%; padding: 2px;">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*

Checks and money orders should be payable to: NCCCO

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

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