



Test Site Application

PRACTICAL EXAMINATION—TOWER CRANES

Please type or print neatly.

HOST COMPANY REPRESENTATIVE		TEST SITE NUMBER	
HOST COMPANY NAME		COMPANY REP EMAIL	
HOST COMPANY MAILING ADDRESS			
CITY	STATE	ZIP	COUNTRY
COMPANY REP OFFICE PHONE	COMPANY REP MOBILE PHONE		<input type="checkbox"/> This is a secured site. (Submit separate Security Requirements Report; see page 5 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			
<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	
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. 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.

 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)	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
 5250 S. Commerce Drive, Suite 100, Murray, Utah 84107
 Phone: 801-363-2693 / Fax: 801-363-3806 / Email: ejones@nccco.org