



Test Site Application & Data Sheet

PRACTICAL EXAMINATION—MOBILE 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	
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 Secure Test Site. (Submit completed Security Requirements Report.)
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.

<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.

Email credit card receipt to: _____

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
 5250 S. Commerce Drive, Suite 100, Murray, Utah 84107
 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, line pull chart, 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*	(SEE DEFINITION ON PAGE 38)
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<input type="checkbox"/> TELESCOPIC BOOM—SWING CAB (TLL)**	Must have a rotating operator station that rotates with the crane's upper works; may or may not be a "Boom Truck"
<input type="checkbox"/> TELESCOPIC BOOM—FIXED CAB (TSS)**	Must have a fixed (non-rotating) operator station; may or may not be a "Boom Truck"
	**For Telescopic Boom Only: IS THIS A BOOM TRUCK? <input type="checkbox"/> YES <input type="checkbox"/> NO
	(SEE DEFINITION ON PAGE 38)

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)
4. CONFIGURATION OF CRANE		
FOR ALL CRANES OUTRIGGER/STABILIZER SPREAD: <input type="checkbox"/> Front _____ ft. <input type="checkbox"/> Back: _____ ft. ROPE SIZE & TYPE: _____ _____ JIB STOWED? <input type="checkbox"/> Yes <input type="checkbox"/> No	FOR LATTICE BOOM CRANES ONLY COUNTERWEIGHT: <input type="checkbox"/> Standard <input type="checkbox"/> Adjustable: _____ lb. Type: _____	FOR BOOM TRUCKS ONLY WORKING AREA: CRANE POSITION: <input type="checkbox"/> 360° <input type="checkbox"/> Behind cab <input type="checkbox"/> 180° <input type="checkbox"/> Center mount <input type="checkbox"/> Other: _____ <input type="checkbox"/> Rear mount <input type="checkbox"/> Fifth wheel CONTROL POSITION: <input type="checkbox"/> Fixed Controls <input type="checkbox"/> Remote Controls (may only be used if noted on supplied CAD) TRUCK BED LENGTH: _____ ft.

5. ANSWER FOR TELESCOPIC BOOM CRANES ONLY—MAXIMUM FULL POWERED BOOM: _____ FT.
6. ANSWER FOR LATTICE BOOM CRANES UP TO 50 TONS CAPACITY ONLY: 80 FT. OF BOOM (± 10 FT.) = _____ FT.
7. ANSWER FOR LATTICE BOOM CRANES ABOVE 50 TONS CAPACITY ONLY: 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)
<i>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.</i>
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.	