



Recertification Application

WRITTEN EXAMINATION—MOBILE, TOWER, & OVERHEAD CRANE OPERATOR (PAPER/PENCIL TESTS ONLY)

Please type or print neatly.

FULL LEGAL NAME <small>(as shown on driver's license)</small>		First	Middle	Last	Suffix (Jr., Sr., III)										
CCO CERTIFICATION NUMBER		DATE OF BIRTH		CANDIDATE ID: <table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											
MAILING ADDRESS			CITY	STATE	ZIP	COUNTRY									
PHONE	CELL	EMAIL													
COMPANY/ORGANIZATION				COMPANY PHONE											
COMPANY MAILING ADDRESS			CITY	STATE	ZIP	COUNTRY									
<input type="checkbox"/> I AM REQUESTING TESTING ACCOMMODATIONS IN COMPLIANCE WITH THE AMERICAN WITH DISABILITIES ACT (ADA). <i>(For details on NCCCO's Testing Accommodations policy, please see www.nccco.org/accommodations.)</i>															

WRITTEN EXAMINATIONS FOR WHICH YOU ARE APPLYING

This application is for recertification only. You may **ONLY** recertify for the designation(s) in which you are currently certified. **FILL IN** the circle next to the crane type(s) for which you are applying for recertification. If you would like to take Additional Examinations for cranes that you are not currently certified on, then **FILL IN** the examinations of your choice and **CHECK** the load chart you want to use for that crane type.

EXAMINATIONS

RECERTIFICATION EXAMS	LOAD CHARTS
<input type="radio"/> Core Exam 652605	(Check one for each Specialty Exam)
<input type="radio"/> Lattice Boom Crawler (LBC) 652625 652608	<input type="checkbox"/> Terex/American <input type="checkbox"/> Manitowoc
<input type="radio"/> Lattice Boom Truck (LBT) 652611 652635	<input type="checkbox"/> Link-Belt <input type="checkbox"/> Manitowoc
<input type="radio"/> Telescopic Boom—Swing Cab (TLL) 652614 652645 652646	<input type="checkbox"/> Grove (Truck Mount) <input type="checkbox"/> Link-Belt (Rough Terrain) <input type="checkbox"/> National (Boom Truck)
<input type="radio"/> Telescopic Boom—Fixed Cab (TSS) 652656 652665	<input type="checkbox"/> Manitex (Boom Truck) <input type="checkbox"/> Shuttlelift (Carry Deck)
<input type="radio"/> Tower Crane 654602	
<input type="radio"/> Overhead Crane 653602	

ADDITIONAL EXAMINATIONS	LOAD CHARTS
	(Check one for each Specialty Exam)
<input type="radio"/> Lattice Boom Crawler (LBC) 652620 652607	<input type="checkbox"/> Terex/American <input type="checkbox"/> Manitowoc
<input type="radio"/> Lattice Boom Truck (LBT) 652609 652610	<input type="checkbox"/> Link-Belt <input type="checkbox"/> Manitowoc
<input type="radio"/> Telescopic Boom—Swing Cab (TLL) 652612 652613 652618	<input type="checkbox"/> Grove (Truck Mount) <input type="checkbox"/> Link-Belt (Rough Terrain) <input type="checkbox"/> National (Boom Truck)
<input type="radio"/> Telescopic Boom—Fixed Cab (TSS) 652616 652660	<input type="checkbox"/> Manitex (Boom Truck) <input type="checkbox"/> Shuttlelift (Carry Deck)
<input type="radio"/> Boom Truck—Fixed Cab (BTF) 652671	<input type="checkbox"/> Manitex (Boom Truck)
<input type="radio"/> Tower Crane 654601	
<input type="radio"/> Overhead Crane 653601	

RECERTIFICATION EXAM FEES/RETEST FEES

- Mobile Core Exam plus one Specialty Exam \$150
- Mobile Core Exam plus two Specialty Exams \$155
- Mobile Core Exam plus three Specialty Exams \$160
- Mobile Core Exam plus four Specialty Exams \$165
- Tower Crane (only)..... \$150
- Tower Crane (with Mobile Crane)..... \$50
- Overhead Crane (only) \$150
- Overhead Crane (with Mobile Crane)..... \$50

- Mobile Core Exam or Core plus one Specialty Exam (Retest) \$150
- One Mobile Specialty Exam (Retest) \$50
- Two Mobile Specialty Exams (Retest)..... \$55
- Three Mobile Specialty Exams (Retest)..... \$60
- Four Mobile Specialty Exams (Retest)..... \$65

ADDITIONAL EXAM FEES*

(*ONLY for candidates adding to existing Mobile certifications; for candidates adding Mobile to Tower or Overhead certifications, use standard Written Exam Candidate Application form.)

- One Mobile Specialty Exam \$65
- Two Mobile Specialty Exams \$75
- Three Mobile Specialty Exams \$85
- Tower Crane Exam \$50
- Overhead Crane Exam \$50

OTHER FEES

- Candidate Late Fee (if applicable)..... \$50
- Incomplete Application Fee (if applicable)..... \$30

TOTAL AMOUNT DUE \$

CANDIDATE RECERTIFICATION APPLICATION (CONT'D)

WRITTEN EXAMINATION—MOBILE, TOWER, & OVERHEAD CRANE OPERATOR

TEST SITE AT WHICH YOU INTEND TO TAKE THE WRITTEN EXAMINATION

TEST SITE NAME	TEST SITE COORDINATOR		
TEST SITE ADDRESS			
CITY	STATE	ZIP	COUNTRY
TEST ADMINISTRATION NUMBER	DATE YOU INTEND TO TAKE THE CCO EXAMINATION		

I do NOT have 1,000 hours of documented crane-related experience and must take an CCO Practical Exam for each designation for which I wish to be recertified.

I declare that the foregoing statements and those in any required accompanying documentation are true. I understand and agree that my failure to provide accurate and complete information or abide by NCCCO's policies and procedures, including the Code of Ethics, shall constitute grounds for the rejection of my application, or denial or revocation of my certification. I understand that NCCCO reserves the right to verify any information in this application or in connection with my certification. I expressly consent to NCCCO's release of any information consistent with NCCCO's Information Release policy. I have received a copy of the NCCCO Candidate Handbook, have read it, and agree to be bound by it. I agree to be bound by all NCCCO policies and procedures, as they may be amended from time to time, including without limitation those posted at nccco.org. I attest that I have passed a substance abuse test conducted by a recognized laboratory service and agree to comply with NCCCO's substance abuse policy. I have passed a physical exam that complies with the ASME B30 standard for my certification designation and I will continue to comply with those requirements. I further affirm either that I have maintained at least 1,000 hours of crane-related experience in the past five years or, if I have not maintained this experience, I have checked the box above this panel indicating that before my certification expires I will take and pass a practical exam for each designation for which I wish to be recertified. I understand that if at any point during my certification period I fail to meet any of the requirements outlined above, or if matters arise that can affect my capability to continue to fulfill certification requirements, I must report it to NCCCO immediately and agree to cooperate with any subsequent investigation regarding such matters.

CANDIDATE SIGNATURE	DATE
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METHOD OF PAYMENT FOR CANDIDATE EXAMINATION FEES

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, 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 payment to:

NCCCO—Testing Services Department
 1960 Bayshore Blvd.
 Dunedin, Florida 34698

Phone: 727-449-8525
Fax: 727-461-2746
Email: kqualls@nccco.org

CANDIDATE APPLICATION CHECKLIST

- I have completed and signed this *Recertification Exam Application*.
- I have provided credit card information or a check or money order for the correct amount due.
- I have emailed a color digital photo (full face, no sunglasses, no hat) to **photos@nccco.org** and labeled it with my full name and birth date.
- I do not have a digital photo, so I am attaching a 1 3/8" X 1 3/4" passport photo with this application.

For additional information regarding **recertification**, contact:

National Commission for the Certification of Crane Operators (NCCCO)
 2750 Prosperity Avenue, Suite 505
 Fairfax, VA 22031

Phone: 703-560-2391
 Fax: 703-560-2392

info@nccco.org
 www.nccco.org