



Candidate Application

COMBINED WRITTEN (PAPER/PENCIL TESTS) & PRACTICAL EXAMINATIONS—RIGGER & SIGNALPERSON

Please type or print neatly.

FULL LEGAL NAME (as shown on driver's license)		First	Middle	Last	Suffix (Jr., Sr., III)
CCO CERTIFICATION NUMBER (if previously certified)		DATE OF BIRTH		CANDIDATE ID: (if previously tested)	
MAILING ADDRESS					
CITY			STATE	ZIP	COUNTRY
PHONE		CELL		EMAIL	
COMPANY/ORGANIZATION				PHONE	
COMPANY MAILING ADDRESS					
CITY			STATE	ZIP	COUNTRY
<input type="checkbox"/> I AM REQUESTING TESTING ACCOMMODATIONS IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT (ADA). (For details on NCCCO's Testing Accommodations policy, please see www.nccco.org/accommodations .)					
WRITTEN TEST ADMINISTRATION # (contact Test Site Coordinator)		TEST DATE (MM/DD/YYYY)		TEST SITE COORDINATOR	

Note: Applications received without a Written Test Administration Number will be marked incomplete and cannot be processed.

FILL IN the circles next to the exam(s) for which you are applying.

EXAM DESCRIPTION	EXAM FEES
<i>New CCO certification candidates only (includes CCO card):</i>	
<input type="radio"/> Rigger Level I (652850) & Rigger Level II (652802) Written and Practical Exams*	<input type="radio"/> \$250
<input type="radio"/> Rigger Level I (652850) & Signalperson (652701) Written and Practical Exams*	<input type="radio"/> \$250
<i>Current CCO card holders (includes CCO card):</i>	
<input type="radio"/> Rigger Level I (652850) & Rigger Level II (652802) Written and Practical Exams*	<input type="radio"/> \$225
<input type="radio"/> Rigger Level I (652850) & Signalperson (652701) Written and Practical Exams*	<input type="radio"/> \$225
RECERTIFICATION EXAM DESCRIPTION	EXAM FEES
<i>Recertification Exams—current CCO Signalperson and/or Rigger certified only (includes card):</i>	
<input type="radio"/> Rigger Level I Recertification Written Exam (652851) and Signalperson Recertification Practical Exam (777702)	<input type="radio"/> \$190
<input type="radio"/> Rigger Level II Recertification Written Exam (652833) and Signalperson Recertification Practical Exam (777702)	
<i>Recertification Exams—current CCO-certified crane operators (includes card):</i>	
<input type="radio"/> Rigger Level I Recertification Written Exam (652851) and Signalperson Recertification Practical Exam (777702)	<input type="radio"/> \$125
<input type="radio"/> Rigger Level II Recertification Written Exam (652833) and Signalperson Recertification Practical Exam (777702)	
<i>Note: Individuals recertifying for Rigger Level II are NOT required to take the Rigger Level I recertification exam.</i>	
<i>Other fees:</i>	
<input type="radio"/> Candidate Late Fee	\$50
<input type="radio"/> Incomplete Application Fee (see Candidate Handbook for details)	\$30
TOTAL AMOUNT ENCLOSED	\$ <input style="width: 100px;" type="text"/>

***To receive discounted pricing, all written exams must be taken at the same test administration and all practical exams must be completed within seven days of the written exam date. For logistical reasons it is recommended that candidates take no more than four exams on the same day.**

CANDIDATE APPLICATION (CONT'D)

COMBINED WRITTEN & PRACTICAL EXAMINATIONS—RIGGER & SIGNALPERSON

CCO CERTIFICATION CARD

Candidates who meet all the requirements for certification in any one designation are issued a certification card at no charge. Replacement and updated cards are available for an additional fee.

Please email a digital color photo (without hat or sunglasses) to **photos@nccco.org** and label it with your

full name and birth date. Enclose with your application form any required payment based upon the information listed below.

A 1⅜"× 1¾" passport color photo may be substituted for a digital photo; if submitting a passport photo, please give it to your Test Site Coordinator.

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 and Substance Abuse Policy, 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 consent to NCCCO's release of any information regarding this application and my examination administration to third parties, 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 also 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 further attest that I am physically and mentally capable of safely operating equipment and/or demonstrating signals on the day of the Practical Examination. I understand and agree that any personal injury and/or property damage resulting from or caused in any way by my participation in the CCO Practical Examination is not and shall not be the responsibility of NCCCO. 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

METHOD OF PAYMENT FOR CANDIDATE EXAMINATION FEES

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, 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:

NCCCO—Testing Services Department
5250 S. Commerce Drive, Suite 100
Murray, Utah 84107

Phone: 727-449-8525

Fax: 801-938-9540

Email: bwaid@nccco.org