

PRACTICAL EXAMINER APPLICATION FORM

Please complete all sections.

Rigger Level II

	<u>Date</u>	<u>Location</u>	<u>Host Company</u>	<u>Fees</u>
<input type="checkbox"/>	July 21-22, 2011	Richmond, CA	Bragg Crane & Rigging	\$625

1. Applicant Information

First Name _____ Last Name _____ Last Four Social Security # _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Credit Card No. _____ Exp. Date _____ (Circle One) Visa/MasterCard

Security Code _____ E-mail _____

Name on Card _____ Signature _____

2. Are you currently CCO Certified?

If you are, check appropriate category(s):

Certification Number: _____

- Lattice Boom
- Telescopic Boom- Fixed Cab
- Telescopic Boom- Swing Cab
- Tower Crane
- Overhead Crane
- Signalperson
- Rigger Level I
- Rigger Level II
- Articulating Boom- Crane
- Articulating Boom- Loader

Are you currently an Accredited Practical Examiner?

If you are, check appropriate category(s):

Practical Examiner Number: _____

- Lattice Boom
- Telescopic Boom- Fixed Cab
- Telescopic Boom- Swing Cab
- Tower Crane
- Overhead Crane
- Signalperson
- Rigger Level I
- Rigger Level II
- Articulating Boom- Crane
- Articulating Boom- Loader

NCCCO Certification Written and Practical Exams for the Rigger Level II Program will be administered during the first day of the workshop. Practical & Written Certification exam fees are not included as part of the Practical Examiner Workshop fees and are due at the time of testing.

3. Professional qualifications, memberships, positions held.

4. Specific experience and qualifications applicable to this position.

(Please attach resume and any supporting documentation you wish NCCCO to take into consideration.)

5. References

List two individuals as professional references.

1. _____
Name Phone Relationship

2. _____
Name Phone Relationship

6. Submission of Application

In signing this application to attend a Practical Examiner Workshop, I understand that submission of this application does not guarantee admission into the program. I further understand that my participation in the Practical Examiner Accreditation Program and performance in the workshop activities must meet program expectations in order to receive accreditation. Failure to meet those expectations or follow NCCCO policies may result in denial, suspension or revocation of my Practical Examiner Accreditation status.

Signed: _____ Date: _____

**Please return, along with supporting documentation, to:
Erin Jones
National Commission for the Certification of Crane Operators
57 West 200 South, Suite 404
Salt Lake City, UT 84101
Fax: 801-363-3806
Email: ejones@nccco.org**

FOR NCCCO USE ONLY

Date Received:
Application Complete? YES/NO
Application Approved? YES/NO
Copy emailed to NCCCO HQ YES/NO
Comments:

By:
By: Date: