

## PRACTICAL EXAMINER APPLICATION FORM

*Please complete all sections.*

### 1. Applicant Information

#### Mobile Crane

<u>Date</u>	<u>Location</u>	<u>Host Company</u>	<u>Fees</u>
<input type="checkbox"/> January 3-5, 2011	Wills Point, TX	Performance Training Services	\$650

#### Refresher

<u>Date</u>	<u>Location</u>	<u>Host Company</u>	<u>Fees</u>
<input type="checkbox"/> January 3, 2011	Wills Point, TX	Performance Training Services	\$175

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 Crawler
- Lattice Boom Truck
- Telescopic Crane Fixed Cab
- Telescopic Crane Swing Cab
- Tower Crane
- Overhead Crane
- Signalperson
- Rigger Level I
- Articulating Crane

### Are you currently an Accredited Practical Examiner?

**If you are, check appropriate category(s):**

Practical Examiner Number: \_\_\_\_\_

- Lattice Boom Crawler
- Lattice Boom Truck
- Telescopic Cranes Fixed Cab
- Telescopic Cranes Swing Cab
- Tower Crane
- Overhead Crane
- Signalperson
- Rigger Level I
- Articulating Crane

**3. Professional qualifications, memberships, positions held.**

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**4. Specific experience and qualifications applicable to this position.**

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

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**5. References**

List two individuals as professional references.

1. \_\_\_\_\_

Name	Phone	Relationship
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2. \_\_\_\_\_

Name	Phone	Relationship
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**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: Phillip Kinser,  
National Commission for the Certification of Crane Operators, 57 West 200 South,  
Suite 404, Salt Lake City, UT 84101  
Fax: 801-363-3806*

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**FOR NCCCO USE ONLY**

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