

## PRACTICAL EXAMINER APPLICATION FORM

*Please complete all sections.*

**Signalperson**

<input type="checkbox"/>	<u>Date</u>	<u>Location</u>	<u>Host Company</u>	<u>Fees</u>
	November 13, 2012	Flat Rock, MI	Royal Arc	\$625

**Rigger Level I**

<input type="checkbox"/>	<u>Date</u>	<u>Location</u>	<u>Host Company</u>	<u>Fees</u>
	November 14-15, 2012	Flat Rock, MI	Royal Arc	\$625

**Signalperson/ Rigger Level I**

<input type="checkbox"/>	<u>Date</u>	<u>Location</u>	<u>Host Company</u>	<u>Fees</u>
	November 13-15, 2012	Flat Rock, MI	Royal Arc	\$1075

**Signalperson Refresher**

<input type="checkbox"/>	<u>Date</u>	<u>Location</u>	<u>Host Company</u>	<u>Fees</u>
	November 13, 2012	Flat Rock, MI	Royal Arc	\$175

**Rigger Level I Refresher**

<input type="checkbox"/>	<u>Date</u>	<u>Location</u>	<u>Host Company</u>	<u>Fees</u>
	November 14, 2012	Flat Rock, MI	Royal Arc	\$175

**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 Crawler
- Lattice Boom Truck
- Telescopic Crane Fixed Cab
- Telescopic Crane Swing Cab
- Tower Crane
- Overhead Crane
- Digger Derrick
- Articulating Boom Crane
- Articulating Boom Loader
- Signalperson
- Rigger Level I
- Rigger Level II

**Are you currently an Accredited Practical Examiner?**

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

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

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

**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:**  
**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**  
**E-Mail: [ejones@nccco.org](mailto:ejones@nccco.org)**

**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: