

PRACTICAL EXAMINER APPLICATION FORM

Please complete all sections.

Rigger Level I

<input type="checkbox"/>	<u>Date</u>	<u>Location</u>	<u>Host Company</u>	<u>Fees</u>
<input type="checkbox"/>	January 24-25, 2013	Knoxville, TN	Rigging Institute, LLC	\$625

Rigger Level I Refresher

<input type="checkbox"/>	<u>Date</u>	<u>Location</u>	<u>Host Company</u>	<u>Fees</u>
<input type="checkbox"/>	January 24, 2013	Knoxville, TN	Rigging Institute, LLC	\$175

1. Applicant Information

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

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

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

Security Code _____

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.

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
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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

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: