National Commission for the Certification of Crane Operators

PRACTICAL EXAMINER APPLICATION FORM

Please complete all sections.

Mobile Crane

	Date	Location	Host Company	Fees
☐	September 24 – 26, 2014	Salt Lake City, UT	NCCCO	$650

Refresher

	Date	Location	Host Company	Fees
☐	September 23, 2014	Salt Lake City, UT	NCCCO	$175

1. Applicant Information

First Name_____ Last Name_____ Last Four Social Security #_____

Company Name_____

Address _____

City_____ State_____ Zip_____

Phone _____ Fax _____

E-mail_____
(In order to receive essential program updates, this must be your personal email (not a shared address)

2. Payment Information

Credit Card No. _____Exp. Date_____ Security Code _____
Visa or MasterCard only.

Name on Card_____Signature_____

3. 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

4. References

List two individuals as professional references.

1.

Name	Phone	Relationship

2.

Name	Phone	Relationship

Submit in addition a crane related resume along with this application. Applications will not be considered received without a resume attached.

5. Submission of Application

Applicants for NCCCO Practical Examiner workshops shall provide at least 48 hours (2 business days) notice in writing of any request to cancel their registration. Monies submitted may be applied against a subsequent registration. Alternatively, registrant may request a full refund. Substitutions by qualified applicants are permitted so long as their application has been submitted and approved by NCCCO prior to the start of the workshop. However, should the applicant fail to provide proper notice and/or is a "no show" they will forfeit all fees for the workshop.

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 *By:*

Comments: