

## PRACTICAL EXAMINER APPLICATION FORM

**Please complete all sections.**

### Operator Refresher

<input type="checkbox"/>	<u>Date</u>	<u>Location</u>	<u>Host Company</u>	<u>Fees</u>
<input type="checkbox"/>	November 9, 2018	Woodland, WA	West Coast Training	\$175

### Tower Crane

<input type="checkbox"/>	<u>Date</u>	<u>Location</u>	<u>Host Company</u>	<u>Fees</u>
<input type="checkbox"/>	November 10-11, 2018	Woodland, WA	West Coast Training	\$625

### 1. Applicant Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Candidate ID (NCP) \_\_\_\_\_

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 \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

### 3. Are you currently CCO Certified?

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

Certification Number: \_\_\_\_\_

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

### Are you currently an Accredited Practical Examiner?

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

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

- Lattice Boom
- Telescopic Crane Fixed Cab
- Telescopic Crane Swing Cab
- Service Truck Crane
- Tower Crane
- Overhead Crane
- Digger Derrick
- Articulating Boom Crane
- Articulating Boom Loader
- Dedicated Pile Driver
- Signalperson
- Rigger Level I
- Rigger Level II

#### 4. References

List two individuals as professional references.

1.

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Name	Phone	Relationship
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2.

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Name	Phone	Relationship
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***In addition, please submit 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 of qualified applicants are permitted so long as their application has been submitted and approved by NCCCO at least 48 hours (2 business days) prior to the start of the workshop. If an applicant fails to provide proper notice to cancel or substitute, or fails to show up for a workshop within 10 minutes of the scheduled commencement time, the applicant will be subject to forfeiture of all fees paid.

From time to time, NCCCO Practical Examiner workshops may be cancelled or rescheduled because of limited enrollment, equipment issues, or for other reasons. In such cases, NCCCO will endeavor to provide you with (but cannot guarantee) at least one week's notice of any changes. Please take this into account when making travel plans.

By signing this application to attend a Practical Examiner Workshop, you acknowledge that submission of this application does not guarantee admission into the program. You further understand that your participation in the Practical Examiner Accreditation Program and performance in the workshop activities must meet program expectations in order to receive accreditation, and that failure to meet those expectations or to follow NCCCO policies may result in denial, suspension or revocation of any Practical Examiner Accreditation status. Finally, by signing this application, you represent that your statements in this application and those in any required accompanying documentation are true.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

***Please return, along with supporting documentation, to:  
Jeniel Shaw  
National Commission for the Certification of Crane Operators  
5250 S. Commerce Dr, Suite 100  
Murray, UT 84107  
Fax: 801-363-3806  
E-Mail: [jshaw@nccco.org](mailto:jshaw@nccco.org)***

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#### **FOR NCCCO USE ONLY**

Date Received: \_\_\_\_\_ By: \_\_\_\_\_

Application Complete? YES/NO

Application Approved? YES/NO By: \_\_\_\_\_

Comments: