



Candidate Application

WRITTEN & PRACTICAL EXAMINATION—RIGGER/SIGNALPERSON

Please type or print neatly.

NAME			First	Middle	Last
NCCCO CERTIFICATION NUMBER (if currently certified)			SOCIAL SECURITY #		
MAILING ADDRESS					DATE OF BIRTH
CITY				STATE	ZIP
PHONE	CELL	FAX		E-MAIL	
COMPANY/ORGANIZATION				PHONE	
COMPANY MAILING ADDRESS					
CITY				STATE	ZIP
HAVE YOU PREVIOUSLY TAKEN ANY NCCCO EXAMS? <input type="checkbox"/> NO <input type="checkbox"/> YES DATE LAST TESTED: ___/___/___ <input type="checkbox"/> I AM TAKING THE PRACTICAL EXAM FIRST.					
WRITTEN TEST SITE # (contact Test Site Coordinator)			DATE YOU INTEND TO TEST (MM/DD/YYYY)		TEST SITE COORDINATOR

Note: Applications received without a Test Site Number will be marked incomplete and cannot be processed. (Not applicable when Practical Exam is taken first.)

FILL IN the circles next to the exam(s) for which you are applying.

EXAM DESCRIPTION	EXAM FEES	RETEST FEES
<i>Rigger & Signalperson candidates only:</i>		
<input type="radio"/> Rigger Level I Written Exam (652801)	\$95	<input type="radio"/> One Exam \$95
<input type="radio"/> Rigger Level I Practical Exam	\$95	<input type="radio"/> Two Exams \$190
<input type="radio"/> Signalperson Written Exam (652701)	\$95	<input type="radio"/> Three or Four Exams \$250
<input type="radio"/> Signalperson Practical Exam	\$95	
<input type="radio"/> Rigger Level I (652801) & Signalperson (652701) Written and Practical Exams	\$250	
<i>Current NCCCO-certified card holders*:</i>		
<input type="radio"/> Rigger Level I Written Exam (652801)	\$50	<input type="radio"/> One Exam \$50
<input type="radio"/> Rigger Level I Practical Exam	\$50	<input type="radio"/> Two Exams \$100
<input type="radio"/> Signalperson Written Exam (652701)	\$50	<input type="radio"/> Three Exams \$150
<input type="radio"/> Signalperson Practical Exam	\$50	<input type="radio"/> Four Exams \$200
<input type="radio"/> Rigger Level I (652801) & Signalperson (652701) Written and Practical Exams	\$200	
<i>Other fees:</i>		
<input type="radio"/> Updated/Replacement Certification Card (*for current NCCCO-certified card holders only)		\$25
<input type="radio"/> Candidate Late Fee		\$50
<input type="radio"/> Incomplete Application Fee (see Candidate Handbook for details)		\$30
TOTAL AMOUNT ENCLOSED		\$

CANDIDATE APPLICATION (CONT'D)

WRITTEN & PRACTICAL EXAMINATIONS—RIGGER/SIGNALPERSON

NCCCO CERTIFICATION CARD

Candidates who meet all the requirements for certification in any one category are issued a certification card at no charge. Replacement and updated cards are available for an additional fee; see previous page.

Please attach a passport color photo without hat or sunglasses, and enclose any required payment based upon the information listed below with your application form.

A digital photo may be substituted for a passport photo.

Attach Color
Passport Photo
Here

1-3/8" W x 1-3/4" H




Under penalties of perjury, I declare that the foregoing statements and those in any required accompanying documentation are true. I understand and agree that my failure to provide accurate and complete information or abide by NCCCO's policies and procedures, including the Code of Ethics, shall constitute grounds for the rejection of my application, or denial or revocation of my certification. I understand that NCCCO reserves the right to verify any information in this application or in connection with my certification. I consent to NCCCO's release of any information regarding this application and my examination administration to third parties. I have received a copy of the NCCCO Signalperson Candidate Handbook and have read it, and I do understand and agree to be bound by all prevailing NCCCO policies and procedures.

CANDIDATE SIGNATURE

DATE

METHOD OF PAYMENT FOR CANDIDATE EXAMINATION FEES

Do not send cash.


 
 
 Personal check enclosed
 Employer check enclosed
 Money order enclosed
 Please do not staple your check or money order.

If paying by credit card, complete the following information:

CREDIT CARD NUMBER	<input type="text"/>	EXPIRATION DATE	<input type="text"/>
NAME (Print as it appears on card)	SIGNATURE (on card)	SECURITY CODE*	<input type="text"/>

* Three- or four-digit security code located on the back of the card in the signature panel.

Checks and money orders should be payable to: International Assessment Institute—Attention: CCO Testing

Please send application and payments to:

International Assessment Institute—Attention: CCO Testing
 600 Cleveland Street, Suite 900
 Clearwater, Florida 33755
 Phone: 727-449-8525
 Fax: 727-461-2746

CANDIDATE APPLICATION CHECKLIST

- I have completed and signed the *Candidate Application*.
- I have provided credit card information or a check or money order for the correct amount.