



# TEST SITE APPLICATION & DATA SHEET

## PRACTICAL EXAMINATION - MOBILE CRANE

*Please type or print neatly.*

HOST COMPANY REPRESENTATIVE	TEST SITE NUMBER
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HOST COMPANY NAME
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HOST COMPANY MAILING ADDRESS
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CITY	STATE	ZIP
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HOST PHONE	HOST FAX	HOST E-MAIL
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TEST SITE ADDRESS (physical address of where the crane(s) will be set up, no PO Box's)
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CITY	STATE	ZIP
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CHECK BOXES AS APPROPRIATE
<input type="checkbox"/> New Test Site <input type="checkbox"/> Existing Test Site <input type="checkbox"/> \$50 Site Fee for 2009 already paid <input type="checkbox"/> \$50 Site Fee for 2009 enclosed

TEST SITE COORDINATOR NAME	PHONE	E-MAIL
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PRACTICAL EXAMINER NAME	ACCREDITATION NUMBER
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DATE(S) OF TEST
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**The Practical Examination Test Site Coordinator assumes total responsibility for the following items:**

1. Selection of cranes and verification that at all times during the testing process the cranes are in compliance with federal and state OSHA requirements and the current ASME B30 standard.
2. Verification that candidate's application for the practical test is complete.
3. Verification that candidate is physically and mentally capable of safe operation the day of test.
4. Personal injury and / or property damage resulting from or caused in anyway by the act of participation in the NCCCO Practical Examination.

TEST SITE COORDINATOR SIGNATURE	DATE
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**METHOD OF PAYMENT FOR CANDIDATE EXAMINATION FEES** *Do not send cash.*

<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> Personal Check Enclosed	<input type="checkbox"/> Employer Check Enclosed	<input type="checkbox"/> Money Order	<i>Do not staple your check.</i>
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*If paying by credit card - complete the following information*

CREDIT CARD NUMBER	EXPIRATION DATE
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NAME (Print as it appears on card)	SIGNATURE (on card)	SECURITY CODE*
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**Checks and money orders should be payable to:** NCCCO \* Three digit security code located on the back of the card in the signature panel.

**Please send Application and payments to:**

National Commission for the Certification of Crane Operators  
Western Regional Office  
57 West 200 South, Suite 404 Salt Lake City, Utah 84101  
Fax: 801-363-3806

# TEST SITE APPLICATION & DATA SHEET (CONT'D)

## PRACTICAL EXAMINATION - MOBILE CRANE

### INSTRUCTIONS FOR COMPLETING THIS DATA SHEET

*Photocopy this form for use with every crane you plan to test on.*

*Please ensure to include the load charts, working area diagrams, and range diagrams for each test crane in its proposed configuration. NCCCO CANNOT PROCESS THIS APPLICATION WITHOUT ALL THIS INFORMATION.*

**SECTION A Complete as fully as possible, including your desired test date if known.**

HOST COMPANY NAME	TEST SITE NUMBER	
TEST SITE ADDRESS	APPLICATION DATE	DATE OF TEST
CITY	STATE	ZIP

**SECTION B - CRANE TYPE: Check the box next to the type of the crane you plan to test on.**

<input type="checkbox"/> Lattice Boom Truck	<input type="checkbox"/> Lattice Boom Crawler	<input type="checkbox"/> Large Telescopic (Swing Cab)	<input type="checkbox"/> Small Telescopic (Fixed Cab)
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**SECTION C: Provide data for items 1 thru 13 using the crane's load chart. Answer items 5 thru 7 ONLY if you plan to test on a telescopic boom crane. Answer item 8 ONLY if you plan to test on a lattice boom crane with a capacity of 50 tons or less. Answer item 9 ONLY if you plan to test on a lattice boom crane with a capacity of more than 50 tons.**

1. Make/Model	2. Serial Number	3. Max rated capacity (tons)
4. Configuration of Crane (counterweight, boom type, rope size and type, ancillary equipment, working area, outrigger spread, boom truck bed length, etc)		

**Answer items 5 thru 7 for TELESCOPIC BOOM CRANES only.**

5. Maximum full powered boom: \_\_\_\_\_ ft.

6. Boom Length range between: \_\_\_\_\_ ft. (70% full power boom) and \_\_\_\_\_ ft. (75% full power boom)

7. Closest listed on load chart = \_\_\_\_\_ ft.

**Answer item 8 for LATTICE BOOM CRANES UP TO 50 TONS CAPACITY only.**

8. 80 ft. of boom ± shortest section at value listed on the load chart = \_\_\_\_\_ ft.

**Answer item 9 for LATTICE BOOM CRANES ABOVE 50 TONS CAPACITY only.**

9. 120 ft. of boom ± shortest section at value listed on the load chart = \_\_\_\_\_ ft.

10. Allowable line pull as stated in the load chart: \_\_\_\_\_ lbs.

11. Test Weight range between: \_\_\_\_\_ (20% of line pull) and \_\_\_\_\_ lbs. (30% of line pull)

**Note: Carry-decks and Boom Trucks may have a different Test Weight range that is based on the machine capacity at the longest test radius. A 55 gallon drum may not be used as an NCCCO Test Weight.**

12. Height of Test Weight: \_\_\_\_\_ ft.

13. Diameter of Test Weight: \_\_\_\_\_ ft. + 4 ft. = width of zigzag corridor: \_\_\_\_\_ ft.

**SECTION D - TO BE COMPLETED BY NCCCO: Leave this section blank.**

14. Length of inside legs of corridor: \_\_\_\_\_ ft.      15. Length of outside legs of corridor: \_\_\_\_\_ ft.

16. Radius from center line of crane to:  
 Center Barrel 1: \_\_\_\_\_ ft.      Center to Barrel 2: \_\_\_\_\_ ft.      Center Stop Circle: \_\_\_\_\_ ft.

17. Radius with \_\_\_\_\_ ft. boom at 50 degree angle = \_\_\_\_\_ ft.

Capacity in this configuration (may be limited by single line pull): \_\_\_\_\_ lbs.