



**NATIONAL COMMISSION FOR THE
CERTIFICATION OF CRANE OPERATORS (CCO)**

**WRITTEN EXAMINATION
TEST SITE COORDINATOR
HANDBOOK**

TSCH-W REV 05/07



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CCO does not discriminate against any individual because of race, gender, age, creed, disability or national origin.



Dear Written Test Site Coordinator:

Welcome to the Written Examination segment of the CCO national crane operator certification program.

The National Commission for the Certification of Crane Operators (CCO), a nonprofit corporation, was founded in January 1995 to establish a fair and independent evaluation of crane operator knowledge and skills. Key to this industry-led effort was the development of the CCO Core and Specialty written examinations.

This nationally recognized program is the culmination of many years' hard work by experts from the varied industries and groups that use cranes, including construction, steel erection, the operating engineers, utilities, crane rental, petrochemical, pulp and paper, etc. CCO Task Forces were staffed by experts from all aspects of the crane industry—crane operators, training directors, managers, supervisors, manufacturers—representing many thousands of hours of crane operating experience. These volunteers gave freely of their time and expertise with the single goal of improving the safety of all whose work brings them into contact with cranes and lifting equipment.

In order to ensure CCO examinations remain a valid measurement of a crane operator's proficiency, CCO has teamed this group's knowledge and experience with the exam development expertise of International Assessment Institute (IAI). Based in Clearwater, Florida, IAI continually analyses the performance of CCO exams and reports to CCO's Written Exam Management Committee and Item Writing Task Forces, which it also guides in the development of new examinations. Additionally, IAI assists CCO in the administration of its written and practical examinations.

This Handbook has been developed to provide you, the Written Test Site Coordinator, with all the information you need to successfully host a CCO Written Examination. As a Test Site Coordinator, you play a critical role in the examination process, from the initial application to be an official CCO Test Site, through the collection and submission of candidate applications, to liaison with the Chief Examiner on test day. To ensure a smooth administration of the CCO exams, it is vitally important you study this entire Handbook very carefully.

CCO recognizes the commitment you are about to make, and the resources you will allocate, to hosting a CCO written test administration. We want your experience to be a positive and successful one, and we stand ready to assist you in reaching that goal. If, after reading this Handbook, there is anything you do not fully understand or need clarifying, please call CCO at 703/560-2391, or e-mail us at info@nccco.org. CCO staff will be happy to guide you through any and all aspects of the Written Examination administration process.

**The CCO
Certification
Program is
accredited by
the National
Commission
for Certifying
Agencies.**



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Hosting and Administering a CCO Written Examination

CRITERIA FOR TEST SITES

To be an approved test site, facilities must meet all CCO criteria for hosting a Written Exam. If the facility meets the stated criteria, CCO will provide all necessary information to allow the tests to be scheduled. A facility's status as an official CCO Written Exam test site lapses after one year from the date of approval if no tests are administered.

The examination room must provide adequate separation of candidates, as well as sufficient space for taking the examination. In addition, administration sites must meet the following requirements:

- There should be only *one point of entry and exit*
 - Candidates must enter and exit through the same door.
 - The testing room must be an indoor facility suitable for the exam candidates, to include:
 - Quiet, well-lit, properly ventilated with a comfortable temperature and free from distractions to candidates;
 - Accessible to candidates with special needs;
 - A head table or podium at the front of the room;
 - A registration table;
 - Easy access to unlocked rest rooms stocked with sufficient supplies;
 - Easy access to a water fountain;
 - Large signs prominently posted making candidates aware of the location of the test;
 - A clock visible to all candidates, preferably at the front of the room so that candidates can see it without turning their heads.
 - There should be sufficient tables and space for the number of candidates registered. Make certain that the number of candidates can be seated according to the following requirements:
 - 6-foot tables: No more than two candidates per table;
 - 8-foot tables: No more than three candidates per table;
 - Round tables; No more than one candidate per table. These may be used, but are insufficient due to the requirement of only one candidate per table;
- Desks: No more than one candidate per desk. Desks may be used only if their surface area is large enough to hold both the test booklet and answer sheet. They should accommodate both left-handed and right-handed candidates with equal comfort.
 - The tables should have smooth writing surfaces and adequate space to accommodate examination booklets and answer sheets without crowding.
 - There must be an adequate supply of sharpened #2 pencils for candidates to use on test day.
 - The chairs should be comfortable, with an appropriate height in relation to the tables used. Chairs with backs are preferable to stools or benches without backs.
 - Rest rooms should be located near examination rooms and should be easy to find. Post directional signs if necessary.
 - Room acoustics must be good. If the room is large, make sure that a microphone is available and that it works well. Candidates in the back of the room must be able to hear verbal instructions clearly.
 - There must be adequate space for Proctors to observe candidates easily.
 - Parking should be sufficient to accommodate the number of vehicles expected.

ROLES AND RESPONSIBILITIES

Test Site Coordinator

The person designated by their company or organization to liaise with CCO and its testing company International Assessment Institute (IAI) on test administration matters is known as the Test Site Coordinator (TSC). The Test Site Coordinator is responsible for:

- Submitting all requested information to International Assessment Institute in a timely fashion on the *Written Test Site Application Request Form* and *Test Site Coordinator Summary Form*.
- Preparing a testing room in accordance with the general directions listed under the "*Criteria for Test Site*".
- Liaison with the Chief Examiner, International Assessment Institute and CCO in all aspects of test site preparation and administration.

- Ensuring candidate applications are complete and submitted in accordance with stated deadlines.
- Test Site Coordinators or their designated representative are required to remain onsite throughout each Test Administration.
- Test Site Coordinators are required to sign the Test Site Coordinator Agreement Form.

Test Site Coordinators are required to have an email address and a cell phone which must be provided to CCO with the first paperwork submission.

Chief Examiner

CCO and International Assessment Institute are solely responsible for the rules and procedures for the administration of the examination. Administration and supervision of the examination site and staff, including the care and custody of examination materials, are the responsibility of the Chief Examiner. One CCO Chief Examiner for each test room is required to administer the Written Exam at each test site. The primary responsibilities of a Chief Examiner are to:

- Ensure that the security of the examination and related materials is not compromised;
- Procure adequate staff based upon registration count;
- Train Proctors;
- Ensure that candidates have all of the proper materials and are following all directions for completing the forms and answer sheets accurately;
- Ensure that candidates neither give nor receive assistance in answering questions on the examination;
- Secure all examination materials from time of arrival to final shipping;
- Account for examination materials;
- Supervise examination day procedures;
- Conduct examinations;
- Maintain professional standards of testing practices;
- Follow up with necessary reports and shipping of examination materials.

Proctor

Proctors assist the Chief Examiner in the administration of the exam. Proctors are under the direction of the Chief Examiner during the test administration. Proctors may not be candidates waiting to take the Written Exam. The primary responsibilities of Proctors are to:

- Assist with set up of room before the examination;
- Assist with admittance and identification check of candidates;
- Distribute examination materials;
- Monitor the examination room and observe candidate behavior;
- Collect examination materials and check out candidates;
- Assist with maintaining examination security;
- Adhere to examination time limits;
- Assist with general cleanup at the close of the examination.

Chief Examiner and Proctor Eligibility

CCO requires all personnel who are authorized access to CCO examinations to sign an **Affidavit of Non-Disclosure**. Copies of these affidavits are kept on file. To avoid conflict of interest, and possible breach of security, individuals who will take the examination(s) in the future may not serve as either Chief Examiner or Proctor in the administration of CCO examinations.

RECERTIFICATION

Crane operators certified by CCO must recertify every five (5) years by taking and passing a Written Recertification Examination.

Although Written Recertification Examinations have shorter time limits than Written Examinations for first-time candidates, they can be scheduled at regular test administrations.

Recertification candidates count towards a test site's overall candidate total for the purpose of avoiding site fees (minimum 15 candidates) (*see Applying to Host a CCO Written Examination*).

For more information about recertification, see the Candidate Handbook, or contact CCO's Recertification Department at (703) 560-2391 or via e-mail at info@nccco.org.

SPECIAL ACCOMMODATIONS

Arrangements for persons with disabilities will be provided upon request, in conformance with the Americans with Disabilities Act (ADA).

Professional documentation in support of requests for accommodation must be submitted to CCO no later than four (4) weeks prior to the scheduled test date.

Applications must be accompanied by documentation of the disability and an explanation of the need for the accommodation(s). A letter from an appropriate professional (e.g. physician, psychologist, occupation therapist, educational specialist) or evidence of prior diagnosis or accommodation (e.g. special services) must be included.

Previous school records may also be submitted to document the disability. Any professional providing documentation should have knowledge of the disability, have diagnosed and/or evaluated the candidate, or have provided accommodation previously.

The letter must be on official stationery and include the following information:

- Identification of the specific disability/diagnosis;
- The approximate date when the disability was first diagnosed/identified;
- A brief history of the disability;
- Identification of the test/protocols used to confirm the diagnosis;
- A brief description of past accommodations made for the disability;
- An explanation of the need for the testing accommodation(s);
- Signature and title of the professional.

Requests for special accommodations will be reviewed by CCO. Specific questions regarding the provisions of a testing accommodation should be directed to International Assessment Institute.

Failure to notify CCO of needed accommodations may result in the accommodations not being available at the time of the examination.

If a candidate has already been granted accommodation, and the disability remains the same for a second examination, you need not submit documentation again.

You should inform CCO if you are aware of any candidates requesting special accommodations at your test administration.

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Applying to Host a CCO Written Examination

All requests for test administrations must be made on the *Written Test Site Application Request Form* at least four (4) weeks prior to the desired test date. Once the application has been approved, International Assessment Institute will email/fax a letter of approval and confirmation to the TSC. The confirmation letter will include instructions on how to proceed with the candidate applications and a test administration number that must be included on candidate applications for that test site and secured test date.

TEST SCHEDULING OPTIONS

Regular Schedule

With a guarantee of at least 15 candidates, there is no additional fee for Test Sites that provide International Assessment Institute a *Written Test Site Application Request Form* at least four (4) weeks prior to the desired test date.

Later Test Site Applications

Test Sites may apply with less than four (4) weeks notice subject to the following fees:

- Less than four (4) weeks to three (3) weeks prior to exam - \$200
- Less than three (3) weeks to two (2) weeks prior to exam - \$300

Test Sites with Less than 15 Candidates

Test Sites may test fewer than 15 candidates at one time, subject to the following fees:

- 11-14 candidates - \$200 flat fee plus candidate fees
- 1-10 candidates - \$300 flat fee plus candidate fees

APPLICATION DEADLINES

Tests can be administered at anytime so long as application deadlines are adhered to. Sample deadlines shown are for a test date of January 29.

Written Test Site Application Form four (4) Weeks prior to test date.	●	→	①	2	3	4	5	6
Candidate Applications due two (2) weeks prior to test.	●	→	14	15	16	17	18	19
Test Day	●	→	27	28	29	30	31	

Expedited Test Administrations

Test Sites may request expedited candidate application processing and score reporting for an additional fee. Fees are based on the specific circumstances of the test administration requested. Contact International Assessment Institute or NCCCO for more details.

SITE CANCELLATION / RESCHEDULING FEES

Test Sites will be required to pay a cancellation fee of \$400 if they cancel without giving fifteen (15) days prior notice in writing to International Assessment Institute. Test sites that cancel or reschedule between sixteen (16) and thirty (30) days prior to the scheduled test date will be required to pay a fee of \$100.

Deadlines

Please note that all deadlines are based on UPON RECEIPT deadlines to IAI. Candidates/Test Site Coordinators are solely responsible for making sure that complete and accurate applications reach International Assessment Institute by the stated deadline.

CANDIDATE APPLICATION FEES

The appropriate fees must be enclosed with your application. Checks and money orders payable to International Assessment Institute are preferred. You may also pay by credit card — VISA, MasterCard, or AMEX. Do not send cash. Please do not staple your check or money order to your application form, but do include your payment in the envelope with all the other application materials.

All returned checks that cannot be processed will be subject to a \$25 fee.

THE FEES FOR THE MOBILE CRANE OPERATOR EXAMINATIONS ARE AS FOLLOWS:

Core Exam plus any one (1) Specialty Exam	\$165
Core Exam plus two (2) Specialties	\$175
Core Exam plus three (3) Specialties	\$185
Core Exam plus four (4) Specialties	\$195

THE MOBILE RETESTING FEES ARE AS FOLLOWS:

Core Exam Only (Specialty passed) or Core plus one (1) Specialty	\$165
Core Exam plus two (2) Specialties	\$175
Core Exam plus three (3) Specialties	\$185
Core Exam plus four (4) Specialties	\$195

One (1) Specialty Exam Only (Core Passed)	\$65
Two (2) Specialty Exams (Core Passed)	\$75
Three (3) Specialty Exams (Core Passed)	\$85
Four (4) Specialty Exams (Core Passed)	\$95

THE FEES FOR MOBILE RECERTIFICATION WRITTEN EXAMS ARE AS FOLLOWS:

Core Exam plus any one (1) Specialty Exam	\$150
Core Exam plus any two (2) Specialty Exams	\$155
Core Exam plus any three (3) Specialty Exams	\$160
Core Exam plus any four (4) Specialty Exams	\$165

THE FEES FOR THE TOWER CRANE OPERATOR EXAMINATIONS ARE AS FOLLOWS:

Written Exam	\$165
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For candidates who have previously registered or are registering for Mobile Crane examinations at the same time.

Written Exam	\$50
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For Candidates who are already certified in Mobile Cranes:

Written Exam (<i>new, updated certification card issued</i>)	\$75
--	------

Written Exam (<i>certification card not updated</i>)	\$50
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THE FEES FOR THE CERTIFICATION OF OVERHEAD CRANE OPERATOR EXAMINATIONS ARE:

Written Exam	\$165
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For candidates who have previously registered or are registering for Mobile Crane and or Tower Crane examinations at the same time.

Written Exam	\$50
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For Candidates who are already certified in Mobile and/or Tower Cranes:

Written Exam (<i>new, updated certification card issued</i>)	\$75
--	------

Written Exam (<i>certification card not updated</i>)	\$50
--	------

The same fees apply for retest candidates.

Other Fees:

Candidates will be charged an additional \$50 fee if their application is late.

Candidates will be charged and additional \$25 fee if:

- they wish to reschedule without valid reason (*see emergency Cancellations or Withdrawals*)

- *they wish to have a duplicate score report issued*
- *they need a duplicate/updated certification card*

Candidates will be charged an additional \$30 fee if:

- their application form is incomplete
- they do not send in full payment
- their credit card cannot be processed for any reason
- they want to add to, or change, the exams they want to take after scheduling has been completed (in addition to the exam fee)

All candidate application materials can be found in the Candidate Handbook and these forms must be at International Assessment Institute's office according to the sample examination schedule outline.

Late Applications

Applications received after the application deadlines, but at least 4 business days prior to the exam administration date are subject to a \$50 late fee. This fee must be included with the late application.

CANDIDATE CANCELLATION FEES

Should a candidate be unable to sit for the examination, International Assessment Institute must receive notification in writing no later than seven (7) business days prior to the examination date.

Candidate fees will be held up to one year. When they reschedule, at that, time, they will need to pay an additional \$25 reschedule fee.

Candidates who wish to reschedule MUST notify International Assessment Institute and submit the necessary documentation and fees to International Assessment Institute by the deadline for the rescheduled test date.

Candidates withdrawing or canceling after the deadline or not sitting for the examination will forfeit all application fees and will NOT receive a refund.

CANDIDATE EMERGENCY CANCELLATIONS OR WITHDRAWALS

ONLY the following situations will be accepted as grounds for emergency cancellations or withdrawals by a candidate:

- Called to work — supporting documentation required: letter from employer
- Candidate illness — supporting documentation required: doctor's note
- Family death — supporting documentation required: death certificate or obituary notice

Requests for medical and personal emergency withdrawals are handled by International Assessment Institute. Candidates must write a letter to International Assessment Institute describing their situation including their full name, address and social security number along with the scheduled test date, site number, and supporting documentation indicated above.

International Assessment Institute **MUST** receive this written notification within seven (7) business days after the scheduled examination date or the candidate will forfeit all application fees.

Candidates will be allowed to reschedule for a future examination administration up to one year from candidate emergency cancellation or withdrawal.

Candidates will NOT receive a refund if they decide they no longer wish to take the test.

SCORE REPORTS

All candidates receive a report of their performance from International Assessment Institute within approximately twelve (12) business days after the examination administration.

Test Site Coordinators may request Pass/Fail Score Reports and Detailed Score Reports on candidates taking the Written Examination at their test site.

The appropriate form must be filled out and returned to International Assessment Institute along with a \$50 processing fee. Note that requests for Detailed Score Reports must include the release signature of each candidate.

Report requests will be processed upon receipt at International Assessment Institute and provided to Test Site Coordinators after the exams are scored (normally within 10 business days of the exam).

PRACTICAL EXAMINATION

Candidates must pass a Written Exam and a Practical Exam in the category they wish to be certified in. Candidates have 12 months after they pass the first exam (Written or Practical) in which to take the corresponding Written or Practical Exam in the same category. Candidates may take their Written and Practical Exams in any order. For example, a candidate passing the Written Exams (Core + Specialty) in the Large Telescopic Crane (Swing Cab) category would have 12 months to pass the Large Telescopic Crane (Swing Cab) Practical Exam.



Typical Test Day Schedule

TIME	ACTIVITY
7:30 am – 8:00 am	Chief Examiner and Proctors arrive at test site. Check and prepare testing room.
8:00 am – 8:15 am	Candidate Sign-in. Check Candidate ID's. Seat Candidates.
8:15 am – 8:30 am	Chief Examiner reads instructions For Mobile Core examination.*
8:30 am – 10:00 am	Mobile Core Exam.
10:00 am – 10:15 am	Break — Collect all materials and count materials.
10:15 am – 10:30 am	Candidates arrive and are admitted for the Mobile Specialty, Tower or Overhead Crane Exams. Chief Examiner reads instructions for Specialties, Tower or Overhead Crane Exams.* Distributes examination booklets and answer sheets.
10:30 am – 11:25 am	First Mobile Specialty, Tower or Overhead Crane Exam.
11:25 am – 11:35 am	Collect/Count all materials. Distributes examination booklets and answer sheets.
11:35 am – 12:30 pm	Second Mobile Specialty, Tower or Overhead Crane Exam.
12:30 pm – 1:00 pm	Lunch Break
1:00 pm – 1:10 pm	Chief Examiner reads instructions for Mobile Specialties, Tower or Overhead Crane Exams.* Distributes examination booklets and answer sheets.
1:10 pm – 2:05 pm	Third Mobile Specialty, Tower or Overhead Crane Exam.
2:05 pm – 2:15 pm	Collect/Count all materials. Distributes examination booklets and answer sheets
2:15 pm – 3:10 pm	Fourth Mobile Specialty, Tower or Overhead Exam.
3:10 pm – 3:20 pm	Collect/Count all materials. Distributes examination booklets and answer sheets.
3:20 pm	Tower or Overhead Crane Exam.
4:20 pm	Collect/Count materials — dismiss candidates.

**Since some candidates may take only a Specialty exam and not the Core exam, Tower or Overhead Crane exams, the Chief Examiner is required to read the instructions both at the start of the Core exam, at the start of the first Specialty exam, before the start of the third Specialty exam if lunch is scheduled, and before the start of the Tower and Overhead exam.*



TEST ADMINISTRATION FORMS

Please photocopy all sides of the following forms to use in preparing for a test administration.

Candidate Recertification Application - Written Examination - All Programs

Ready Reference Test Site and Test Room Checklist

Written Test Administration Request Form

Test Site Coordinator Agreement Form

Test Site Coordinator Summary Form

Pass/Fail Report Request Form

Detailed Score Report Request Form

Candidate Application - Practical Exam

Physical Examination Form

Physicians Instructions for Medical Examination

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CANDIDATE RECERTIFICATION APPLICATION

WRITTEN EXAMINATION

Please type or print neatly.

NAME <i>First</i>			<i>Middle</i>			<i>Last</i>			
CCO CERTIFICATION NUMBER (if previously certified)			DATE OF BIRTH			SOCIAL SECURITY #			
MAILING ADDRESS			CITY			STATE		ZIP	
PHONE		CELL		FAX		E-MAIL			
COMPANY / ORGANIZATION						PHONE			
COMPANY MAILING ADDRESS			CITY			STATE		ZIP	

WRITTEN EXAMINATIONS FOR WHICH YOU ARE APPLYING

This application is for the purpose of recertification. You may **ONLY** recertify in the category(ies) in which you are currently certified. **BUBBLE IN** the circle next to the categories for which you are applying for recertification. If you would like to take additional examinations in which you are not currently certified, **BUBBLE IN** the examination(s) of your choice and **CHECK (✓)** the load chart you want to use for that crane type. **You must also provide a copy of either a score report or certification card.**

EXAMINATIONS

RECERTIFICATION EXAMS	LOAD CHARTS <i>(Check one for each Specialty selected)</i>	
<input type="radio"/> Core Exam	652605	
<input type="radio"/> Lattice Boom Crawler:	652625	<input type="checkbox"/> American HC-80
	652608	<input type="checkbox"/> Manitowoc 888 Series 2
<input type="radio"/> Lattice Boom Truck:	652611	<input type="checkbox"/> Link-Belt HC-238H
	652635	<input type="checkbox"/> Manitowoc 777T
<input type="radio"/> Large Telescopic: (Swing Cab)	652614	<input type="checkbox"/> Grove TMS 750B
	652645	<input type="checkbox"/> Link-Belt RTC-8050
<input type="radio"/> Small Telescopic: (Fixed Cab)	652656	<input type="checkbox"/> Manitex M1768
	652655	<input type="checkbox"/> Broderson RT300-2B0
<input type="radio"/> Tower Crane	654602	
<input type="radio"/> Overhead Crane		Not Yet Available
ADDITIONAL EXAMINATIONS	LOAD CHARTS <i>(Check one for each Specialty selected)</i>	
<input type="radio"/> Core Exam	652603	
<input type="radio"/> Lattice Boom Crawler:	652620	<input type="checkbox"/> American HC-80
	652607	<input type="checkbox"/> Manitowoc 888 Series 2
<input type="radio"/> Lattice Boom Truck:	652609	<input type="checkbox"/> Link-Belt HC-238H
	652610	<input type="checkbox"/> Manitowoc 777T
<input type="radio"/> Large Telescopic: (Swing Cab)	652612	<input type="checkbox"/> Grove TMS 750B
	652613	<input type="checkbox"/> Link-Belt RTC-8050
<input type="radio"/> Small Telescopic: (Fixed Cab)	652616	<input type="checkbox"/> Manitex M1768
	652650	<input type="checkbox"/> Broderson RT300-2B0
<input type="radio"/> Tower Crane	654601	
<input type="radio"/> Overhead Crane	653601	

FEES

RECERTIFICATION EXAM FEES		
Core Exam plus one (1) Specialty	\$150	<input type="checkbox"/>
Core Exam plus two (2) Specialties	\$155	<input type="checkbox"/>
Core Exam plus three (3) Specialties	\$160	<input type="checkbox"/>
Core Exam plus four (4) Specialties	\$165	<input type="checkbox"/>
Tower Crane (only)	\$150	<input type="checkbox"/>
Tower Crane (with mobile crane)	\$50	<input type="checkbox"/>
RECERTIFICATION RETEST FEES		
<i>Core only for Retest Candidates</i>	\$150	<input type="checkbox"/>
<i>One (1) Specialty only – Core passed</i>	\$50	<input type="checkbox"/>
<i>Two (2) Specialties – Core passed</i>	\$55	<input type="checkbox"/>
<i>Three (3) Specialties – Core passed</i>	\$60	<input type="checkbox"/>
<i>Four (4) Specialties – Core passed</i>	\$65	<input type="checkbox"/>
<i>Tower Crane</i>	\$50	<input type="checkbox"/>
ADDITIONAL EXAM FEES <i>(ONLY for candidates adding to existing certifications)</i>		
One (1) Specialty only	\$65	<input type="checkbox"/>
Two (2) Specialties	\$75	<input type="checkbox"/>
Three (3) Specialties	\$85	<input type="checkbox"/>
Tower Crane	\$50	<input type="checkbox"/>
Overhead Crane	\$50	<input type="checkbox"/>
Candidate Late Fee <i>(if applicable)</i>	\$50	<input type="checkbox"/>
Incomplete Application Fee <i>(if applicable)</i>	\$30	<input type="checkbox"/>
TOTAL AMOUNT ENCLOSED	\$	<input style="width: 80px; height: 20px;" type="text"/>



Ready Reference Test Site Checklist

TEST ADMINISTRATION APPLICATION PROCEDURE

1. Make a copy of the *Witten Test Site Application Request Form* in this handbook and send it to International Assessment Institute four (4) weeks prior to the test date.
2. Once your site is approved, International Assessment Institute will send you an approval test site letter with a test administration number for this secured date and site location.
3. Copy the *Test Site Coordinator Summary Form* for use with totaling your candidate information for submission to International Assessment Institute. Use the Test Administration Procedure checklist below to be sure the process is complete.

TEST ADMINISTRATION PROCEDURE CHECKLIST

- Enclose Candidate Applications including the payment information page if candidate is paying for the test. Verify that all applications are completed properly and signed.
- Enclose Test Site Coordinator Summary Form completed with all information requested. Verify that the Test Site location information is completed and all candidate information entered.
- Enclose payment for group by company/organization – verify that check is enclosed or credit card information is properly completed with signature and total amount entered.

TEST ROOM CHECKLIST

- Quiet, well-lit, properly ventilated surroundings with a comfortable temperature and free from distraction.
- Accessible to candidates with special needs.
- Head table or podium at the front of the room.
- Registration table.
- Easy access to unlocked rest rooms stocked with sufficient supplies.
- Easy access to water fountain.
- Large signs prominently posted making candidates aware of the location of the test.
- A clock visible to all candidates, preferable at the front of the room.
- Sufficient tables with smooth writing surface and enough space for the number of candidates registered.
- Comfortable chairs (with backs) with an appropriate height in relation to the tables.
- Room has good acoustics to allow candidates to hear instructions clearly.
- Adequate space for proctors to observe candidates easily.
- Parking sufficient to accommodate the number of vehicles expected.

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WRITTEN TEST SITE APPLICATION REQUEST FORM

Please submit this form when you have found a facility that meets the test criteria and you are ready to commit to a specific exam date. This form should be submitted at least four (4) weeks prior to the test date selected below. Incomplete forms or forms with no signature may delay processing. You will receive an approval letter with a site number to document on your candidate application, which are due no later than two (2) weeks prior to the Written Exam test date.

Test Site can seat up to _____ candidates. There are _____ (number) testing rooms at this test site.

Do you want your written test site open to candidates outside your company / organization? Yes No

Test Site Coordinator: Please indicate the best time of the day for the Chief Examiner to contact you. _____ AM / PM

Please type or print neatly.

TEST SITE COORDINATOR							
COMPANY / ORGANIZATION							
COMPANY MAILING ADDRESS							
CITY			STATE	ZIP			
TEST SITE COORDINATOR CELL PHONE	COMPANY PHONE		COMPANY FAX				
E-MAIL (Test Site Coordinator / Company Representative)							
REQUESTED DATE OF TEST	<input type="checkbox"/> Check here if this is your first written test administration.						
COMPANY / ORGANIZATION AT TEST SITE LOCATION (if different from above)							
COMPANY REPRESENTATIVE AT TEST SITE LOCATION (if different from Coordinator above)			COMPANY REPRESENTATIVE CELL PHONE				
TEST SITE ADDRESS (if different from above)							
CITY			STATE	ZIP			
Number of Mobile Crane Certification Candidates	<input type="text"/>	Number of Overhead Crane Certification Candidates	<input type="text"/>	Number of Tower Crane Certification Candidates	<input type="text"/>	Number of Mobile Handbooks Required for this Administration	<input type="text"/>
Number of Mobile Crane Recertification Candidates	<input type="text"/>	Number of Overhead Crane Recertification Candidates	<input type="text"/>	Number of Tower Crane Recertification Candidates	<input type="text"/>	Number of Overhead Handbooks Required for this Administration	<input type="text"/>
Number of Mobile Crane Retest Candidates	<input type="text"/>	Number of Overhead Crane Retest Candidates	<input type="text"/>	Number of Tower Crane Retest Candidates	<input type="text"/>	Number of Tower Handbooks Required for this Administration	<input type="text"/>
TEST SITE COORDINATOR SIGNATURE						DATE	

Please return this Request Form for approval at least (4) weeks prior to exam to:

International Assessment Institute
600 Cleveland Street, Suite 900
Clearwater, FL 33755

Phone: 727-449-8525
Fax: 727-461-2746

TEST SITE COORDINATOR AGREEMENT

Thank you for your application to be an NCCCO Test Site Coordinator for CCO Written and/or Practical Examinations. Test Site Coordinators play a critical role in the CCO examination process, from the initial site application, through the collection and submission of candidate applications to NCCCO’s testing provider, International Assessment Institute (IAI), to liaison with the Examiner on test day. To ensure a smooth administration of CCO certification exams, it is critical that Test Site Coordinators fulfill their duties in a competent and professional manner.

Please review the following Agreement and sign below where indicated, acknowledging that you have read and understood this Agreement and that, should your application be successful, you agree to abide by all of its provisions.

As a Test Site Coordinator for CCO Examinations, I certify and acknowledge that:

1. I will not disclose, nor cause to be disclosed, to anyone outside of NCCCO, any confidential information I obtain as a result of my participation as a Test Site Coordinator in the NCCCO certification program including, without limitation, the content of any examination.
2. I have read and agree to abide by all NCCCO Policies and Procedures, particularly those detailed in the Test Site Coordinator Handbooks (Written and/or Practical Exam).
3. I have read NCCCO’s “Criteria for Test Sites” and agree to prepare a test site in accordance with the general directions listed therein.
4. I agree to provide authorized personnel with access to the test site on test day, and to remain (or arrange for my designated representative to remain) at the test site throughout the test administration.
5. I agree to meet all deadlines for submission of Test Administration Request Forms and Test Site Coordinator Summary Forms.
6. I agree to ensure that all Candidate Applications I submit are complete and submitted in accordance with stated NCCCO deadlines, including any required payments.
7. I agree to pay any and all fees that are due in a timely fashion, including any additional fees I may incur by submitting incomplete or late applications.
8. I agree not to make, and not to knowingly allow any other person to make, any material misrepresentation or omission of fact in any document I submit to NCCCO or IAI.
9. I represent that I am acting on my own behalf and/or on behalf of the company or organization set forth below, and not acting to circumvent a prior NCCCO suspension or revocation.
10. I agree to conduct my affairs with NCCCO, IAI, any Examiner, clients, and candidates in a professional manner, according to accepted codes of business conduct.

I understand that non-compliance with any of these provisions may result in the revocation or suspension of my status as a Test Site Coordinator for CCO Examinations.

Signed: _____ Date: _____

Name: _____

Company/Organization: _____

Address: _____

Tel: _____ Cell: _____

Email: _____

Please complete and submit to:
National Commission for the Certification of Crane Operators
Western Regional Office
57 West 200 South, Suite 404
Salt Lake City, UT 84101
801-363-2693; fax 801-363-3806



TEST SITE COORDINATOR SUMMARY FORM

Please type or print neatly.

TEST SITE COORDINATOR NAME		
COMPANY		
COMPANY STREET ADDRESS		
CITY	STATE	ZIP
PHONE	FAX	E-MAIL
TEST DATE	TEST ADMINISTRATION #	

Number of candidates	<input type="text"/>	Candidate Fees	\$ _____
		Candidate Late Fees	\$ _____
		Test Site Late Fees	\$ _____
		Special Administration Fees	\$ _____
		Total Amount of Fees Enclosed	\$ <input type="text"/>

METHOD OF PAYMENT FOR EXAMINATION FEES

<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Personal Check	<input type="checkbox"/> Employer Check	<input type="checkbox"/> Money Order
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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)		

Checks and money orders should be made payable to: International Assessment Institute

Please return this TEST SITE COORDINATOR SUMMARY FORM along with all Candidate Application Forms to:

International Assessment Institute — Attention: CCO Testing
600 Cleveland Street, Suite 900
Clearwater, Florida 33755

Phone: 727-449-8525
Fax: 727-461-2746



PASS/FAIL REPORT REQUEST FORM

FOR THE WRITTEN EXAM

If you wish to receive a Pass/Fail Report on candidates taking the CCO examination(s), please fill out this form and submit it, along with a **\$50 processing fee**, to International Assessment Institute when you return your Test Administration Materials for each administration:

International Assessment Institute — Attn: CCO Testing
 600 Cleveland Street, Suite 900
 Clearwater, Florida 33755

IF YOU WOULD LIKE THIS REPORT FAXED TO YOU,
 ENTER YOUR FAX NO. HERE:

You must submit this form for each test administration.

Please type or print neatly.

NAME OF REQUESTOR		PHONE	
COMPANY NAME			
STREET ADDRESS			
CITY		STATE	ZIP
TEST SITE NUMBER	TEST DATE	SIGNATURE	

CANDIDATE NAME (printed)	*SOCIAL SECURITY #	CANDIDATE NAME (printed)	*SOCIAL SECURITY #
1.		16.	
2.		17.	
3.		18.	
4.		19.	
5.		20.	
6.		21.	
7.		22.	
8.		23.	
9.		24.	
10.		25.	
11.		26.	
12.		27.	
13.		28.	
14.		29.	
15.		30.	

*Social Security Number is required in order to assure correct candidate identification.



DETAILED SCORE REPORT REQUEST FORM

FOR THE WRITTEN EXAM

If you wish to receive a Detailed Score Report on candidates taking the CCO examination(s), please fill out this form and submit it, along with a **\$50 processing fee**, to International Assessment Institute when you return your Test Administration Materials for each administration:

International Assessment Institute — Attn: CCO Testing
 600 Cleveland Street, Suite 900
 Clearwater, Florida 33755

You must submit this form for each test administration. Scores are the property of the candidate, and his/her consent must be obtained before International Assessment Institute can release the scores to a third party. Please have the candidate sign under the release statement below.

Please type or print neatly.

PAGE 1 OF 2

NAME OF REQUESTOR		PHONE	
COMPANY NAME			
STREET ADDRESS			
CITY		STATE	ZIP
TEST SITE NUMBER	TEST DATE	SIGNATURE	

CANDIDATE RELEASE STATEMENT

Notice to Candidate: By signing this form, you are giving your permission to the National Commission for the Certification of Crane Operators (CCO) and International Assessment Institute to release the details of your test scores directly to the person listed above as the “Requestor.”

CANDIDATE NAME (printed)	SOCIAL SECURITY #	CANDIDATE RELEASE SIGNATURE
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		

**DETAILED SCORE REPORT REQUEST (CONT'D)
FOR THE WRITTEN EXAM**

Please type or print neatly.

PAGE 2 OF 2

TEST SITE NUMBER	TEST DATE	NAME OF REQUESTOR
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CANDIDATE RELEASE STATEMENT

Notice to Candidate: By signing this form, you are giving your permission to the National Commission for the Certification of Crane Operators (CCO) and International Assessment Institute to release the details of your test scores directly to the person listed above as the "Requestor."

CANDIDATE NAME (printed)	SOCIAL SECURITY #	CANDIDATE RELEASE SIGNATURE
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		
25.		
26.		
27.		
28.		
29.		
30.		
31.		
32.		



CANDIDATE APPLICATION

PRACTICAL EXAMINATION

Please type or print neatly.

NAME <i>First</i>			<i>Middle</i>			<i>Last</i>		
CCO CERTIFICATION NUMBER (if previously certified)			DATE OF BIRTH			SOCIAL SECURITY #		
MAILING ADDRESS			CITY			STATE		ZIP
PHONE		CELL		FAX		E-MAIL		
COMPANY / ORGANIZATION						PHONE		
COMPANY MAILING ADDRESS			CITY			STATE		ZIP
ARE YOU A RECERTIFICATION CANDIDATE?			NO <input type="checkbox"/>		YES <input type="checkbox"/>		PRACTICAL EXAM TEST DATE _____/_____/_____	

Indicate with a check mark the crane type(s) you wish to be tested on and the date you passed the corresponding Written Examination if applicable. If you have passed the Written Exams you must also provide a copy of either a score report, or certification card.

PRACTICAL EXAM

- Lattice Boom
- Large Telescopic (Swing Cab)
- Small Telescopic (Fixed Cab)
- Tower
- Overhead

WRITTEN EXAM

- Lattice Boom Crawler
and/or
- Lattice Boom Truck
- Large Telescopic (TLL)
- Small Telescopic (TSS)
- Tower Crane
- Overhead Crane

Date on which you passed the Written Exam?

_____/_____/_____
_____/_____/_____
_____/_____/_____
_____/_____/_____
_____/_____/_____

TEST SITE AT WHICH YOU INTEND TO TAKE THE PRACTICAL EXAMINATION

TEST SITE COORDINATOR NAME		
PHONE	FAX	E-MAIL
TEST SITE STREET ADDRESS		
CITY	STATE	ZIP

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 CCO Candidate Handbook and have read, and do understand and agree to be bound by all prevailing NCCCO policies and procedures. I attest that I have passed a substance abuse test conducted by a recognized laboratory service and agree to comply with NCCCO's substance abuse policy. I have passed a physical exam that complies with the ASME B30 standard for my certification category and I will continue to comply with those requirements.

CANDIDATE SIGNATURE	DATE
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CANDIDATE APPLICATION (CONT'D)

PRACTICAL EXAMINATION

CCO CERTIFICATION CARDS

PAGE 2 OF 2

<p>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 panel below.</p>	<div style="border: 1px solid black; padding: 10px; text-align: center; margin-bottom: 10px;"> <p>Attach Color Passport Photo Here</p> <p>1 3/8" W x 1 3/4" H</p> </div> <p><i>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.</i></p>
---	--

PRACTICAL EXAMINATION FEES

Checks and money orders must be made payable to **International Assessment Institute**. Credit cards (Visa or Master Card) may be used by filling out the Credit Card Box below.

Check the box next to the Practical Exam category for which you are registering.

Examination Fees:

One Mobile Crane Type — \$60
 Two Mobile Crane Types — \$70
 Three Mobile Crane Types — \$80
 Tower Crane Category Only — \$60
 Tower Crane (Added to existing Mobile Crane Certification, no new card) — \$50
 Overhead Crane Category Only — \$60
 Overhead Crane (Added to existing Mobile and/or Tower Crane Certification, no new card) — \$50
 Charge an additional \$25 for a replacement card.

METHOD OF PAYMENT FOR CANDIDATE EXAMINATION FEES

Do not send cash.

 Personal Check
 Employer Check
 Money Order
 Do not staple your check.

If paying by credit card — complete the following information:

SECURITY CODE

CREDIT CARD NUMBER

EXPIRATION DATE

NAME (Print as it appears on card)	SIGNATURE (on card)
------------------------------------	---------------------

Checks and money orders should be made payable to: International Assessment Institute — Attention: CCO Testing
Do not send this application to IAI or CCO. Give this application, along with payment and all necessary documentation, to your Test Site Coordinator on test day.



PHYSICAL EXAMINATION FORM

PAGE 1 OF 2

TO BE FILLED IN BY EXAMINING PHYSICIAN (Please print)

DATE OF EXAMINATION

(Month / Day / Year) / /

OPERATOR'S NAME First

Middle

Last

SOCIAL SECURITY #

DATE OF BIRTH (Month / Day / Year)

AGE

HOME ADDRESS

PHONE

CITY

STATE

ZIP

HEALTH HISTORY

- | | | | | | | | | |
|------------------------------|-----------------------------|--|------------------------------|-----------------------------|---|------------------------------|-----------------------------|---|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Asthma | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Muscular Disease | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Head or spinal injuries |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Kidney | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Psychiatric Disorder | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Seizures, fits, convulsions or fainting |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Cardiovascular Disease | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Extensive confinement by illness or injury |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Gastrointestinal Ulcer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Any other nervous disorder |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Nervous Stomach | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Ethanol use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Suffering from any other disorder |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Rx drug use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Permanent defect from illness, disease or injury |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Over the counter drug use | | | | | | |

IF ANSWER TO ANY OF THE ABOVE IS YES, EXPLAIN:

GENERAL APPEARANCE AND DEVELOPMENT:

Good

Fair

Poor

VISION:

For Distance:

Right/20

Left/20

Both/20

Without Corrective Lenses

With Corrective Lenses

Evidence of disease or injury: Right

Left

Color Test: _____

Horizontal Field of Vision: Right

Left

HEARING:

Right Ear

Left ear

Evidence of disease or injury: Right

Left

AUDIOMETRIC TEST:

Decibel loss at

500 HZ

1,000 Hz

2,000 Hz

3,000 Hz

4,000 Hz

5,000 Hz

6,000 Hz

7,000 Hz

8,000 Hz

THROAT:

THORAX:

Heart: _____

If organic disease is present, is it fully compensated? _____

Blood Pressure: Systolic _____

Diastolic _____

Pulse: _____

Before Exercise _____

Immediately after _____

Lungs: _____

ABDOMEN:

Scars _____

Abdominal Masses _____

Tenderness _____

PHYSICAL EXAMINATION FORM (CONT'D)

HERNIA: Yes No If so, where? _____ Is truss worn? _____

GASTROINTESTINAL: Ulceration or other disease? Yes _____ No _____

GENITO-URINARY: Scars: _____ Urinal Discharge: _____

REFLEXES: Rhomberg _____
 Pupillary: _____ Light R _____ L _____
 Accommodation: _____ R _____ L _____

KNEE JERKS: Right Normal _____ Increased _____ Absent _____
 Left Normal _____ Increased _____ Absent _____

REMARKS: _____

EXTREMITIES: Upper _____ Lower _____ Spine _____
LABORATORY & OTHER SPECIAL FINDINGS: Urine Spec. Gr. _____ Alb. _____ Sugar _____
 Other Laboratory Data (Serology, etc.) _____
 Radiological Data _____ Electrocardiograph _____

GENERAL COMMENTS: _____

NAME OF EXAMINING DOCTOR (PLEASE PRINT) _____ SIGNATURE _____
 ADDRESS OF EXAMINING DOCTOR _____
 CITY _____ STATE _____ ZIP _____

MEDICAL EXAMINER'S CERTIFICATE TO BE COMPLETED ONLY IF OPERATOR IS FOUND QUALIFIED

MEDICAL EXAMINER'S CERTIFICATE
 I certify that I have examined _____
CRANE OPERATOR'S NAME (PRINT)
with the knowledge of his/her duties,
I find him/her qualified under the regulations.

Qualified only when wearing corrective lenses.
 Qualified only when wearing a hearing aid.
 Qualified — see Accommodation Statement attached.

A complete examination form for this person is on file in my office:

ADDRESS _____
 DATE OF EXAMINATION _____ NAME OF EXAMINING DOCTOR _____
 SIGNATURE OF EXAMINING DOCTOR _____
 SIGNATURE OF OPERATOR _____
 ADDRESS OF OPERATOR _____

MEDICAL EXAMINER'S CERTIFICATE
 I certify that I have examined _____
CRANE OPERATOR'S NAME (PRINT)
with the knowledge of his/her duties,
I find him/her qualified under the regulations.

Qualified only when wearing corrective lenses.
 Qualified only when wearing a hearing aid.
 Qualified — see Accommodation Statement attached.

A complete examination form for this person is on file in my office:

ADDRESS _____
 DATE OF EXAMINATION _____ NAME OF EXAMINING DOCTOR _____
 SIGNATURE OF EXAMINING DOCTOR _____
 SIGNATURE OF OPERATOR _____
 ADDRESS OF OPERATOR _____



PHYSICIAN INSTRUCTIONS

FOR MEDICAL EXAMINATION

Please give these instructions to the Examining Physician.

PHYSICAL QUALIFICATIONS AND EXAMINATIONS OF CRANE OPERATORS

A person is physically qualified to operate a crane if that person:

1. Has no loss of a foot, a leg, a hand, or an arm, or has been granted a waiver;
2. Has no impairment of the use of a foot, a leg, a hand, fingers, or an arm, and no other structural defect or limitation, which is likely to interfere with his/her ability to control and safely operate a crane or has been granted a waiver upon a determination that the impairment will not interfere with his/her ability to control and safely operate a crane;
3. Has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control;
4. Has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety to be known accompanied by syncope, dyspnea, collapse or congestive cardiac failure;
5. Has no established medical history or clinical diagnosis of respiratory dysfunction likely to interfere with his/her ability to control and operate a crane safely;
6. Has no current clinical diagnosis of high blood pressure likely to interfere with his/her ability to operate a crane;
7. Has no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease which interferes with his/her ability to control and operate a crane safely;
8. Has no established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control a crane;
9. Has no mental, nervous, organic or functional disease or psychiatric disorder likely to interfere with his/her ability to operate a crane;
10. Has distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses, field of vision of at least 70 degrees in the horizontal meridian in each eye, and the ability to recognize the colors of traffic signals and devices showing standard red, green, and amber;
11. When tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz, 2,000 Hz, 3,000 Hz and 4,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard (formerly ASA Standard) Z24.5-1951;
12. Does not use a prescribed or over the counter substance, including ethanol, which would impair the operator to perform safe operation of a crane. These include illegal drugs, controlled substances (including trace amounts), look-alike drugs, designer drugs, or any other substance which may have the effect on the human body of being a narcotic, depressant, stimulant or hallucinogen. An exception to this ruling is that an operator may use such a substance or drug if the substance or drug is prescribed by a licensed medical practitioner who is familiar with the operator's medical

history and all assigned duties and who has advised the operator that the prescribed substance or drug will not adversely affect the operator's ability to safely operate a crane. The treating physician will also provide a waiver to the Medical Examiner. (See waiver statement.)

INSTRUCTIONS FOR PERFORMING AND RECORDING PHYSICAL EXAMINATIONS

The examining physician should review these instructions before performing the physical examination. Answer each question yes or no where appropriate.

The examining physician should be aware of the rigorous physical demands and mental and emotional responsibilities placed on the operator of cranes. In the interest of public safety the examining physician is required to certify that the operator does not have any physical, mental, or organic defect of such a nature as to affect the operator's ability to operate safely a crane.

General Information. The purpose of this history and physical examination is to detect the presence of physical, mental or organic defects of such a character and extent as to affect the applicant's ability to operate a crane safely. The examination should be made carefully and at least as complete as indicated by the attached form. History of certain defects may be cause for rejection or indicate the need for making certain laboratory tests or a further, and more stringent, examination. Defects may be recorded which do not, because of their character or degree, indicate that certification of physical fitness should be denied. However, these defects should be discussed with the applicant and he/she should be advised to take the necessary steps to ensure correction, particularly of those which, if neglected, might lead to a condition likely to affect his/her ability to operate safely.

General Appearance and development. Not marked overweight. Not any posture defect, perceptible limp, tremor, or other defects that might be caused by alcoholism, thyroid intoxication, or other illnesses including sedating or habit forming drugs.

Head-eyes. When other than the Snellen chart is used, the results of such test must be expressed in values comparable to the standard Snellen test. If the applicant wears corrective lenses, these should be worn while applicant's visual acuity is being tested. If appropriate, indicate on the Medical Examiner's Certificate by checking the box "Qualified only when wearing corrective lenses." In recording distance vision use 20 feet as normal. Report all vision as a fraction with 20 as a numerator and the smallest type read at 20 feet as denominator. Note ptosis, discharge, visual fields, ocular muscle imbalance, color blindness, corneal scar, exophthalmos, or strabismus, uncorrected by corrective lenses.

Contact lens wear may not be allowed in many work areas where mandatory eye protection disallows contact lens wear. The applicant must be made aware that safety glass eye wear may routinely be required at job sites and must also pass vision testing protocols with safety eye glasses specified and approved ANSI Z89.

Ears. Note evidence of mastoid or middle ear disease, discharge, symptoms of aura vertigo, or Meniere's Syndrome. When recording hearing an audiometer is used to test hearing. Record decibel loss at 500 Hz, 1,000 Hz, 2,000 Hz, 3,000 Hz, and 4,000 Hz.

Throat. Note evidence of disease, irremediable deformities of the throat likely to interfere with eating or breathing, or any laryngeal condition which could interfere with the safe operation of a crane.

Thorax-heart. Stethoscopic examination is required. Note murmurs and arhythmias, and any past or present history of cardio-

PHYSICIAN INSTRUCTIONS (CONT'D)

FOR MEDICAL EXAMINATION

vascular disease, of a variety known to be accompanied by syncope, dyspnea, collapse, enlarged heart or congestive heart failures. Electrocardiogram is required when findings so indicate.

Blood Pressure. Record with either spring or mercury column type of sphygmomanometer. If the blood pressure is consistently above 160/90mm. Hg., further tests may be necessary to determine whether the operator is qualified to operate a crane.

Lungs. If any lung disease is detected, state whether active or arrested; if arrested, your opinion as to how long it has been quiescent.

Gastrointestinal system. Note any diseases of the gastrointestinal system.

Abdomen. Note wounds, injuries, scars, or weakness of muscles of abdominal walls sufficient to interfere with normal function. Any hernia should be noted if present. State how long and if adequately contained by truss.

Abnormal masses. If present, note location, if tender, and whether or not applicant knows how long they have been present. If the diagnosis suggests that the condition might interfere with the control and safe operation of a crane, more stringent tests must be made before the applicant can be certified.

Genito-urinary. Urinalysis is required. Acute infections of the genito-urinary tract, as defined by local and State public health laws, indications from urinalysis of uncontrolled diabetes, symptomatic albuminuria in the urine, or other findings indicative of health conditions likely to interfere with the control and safe operation of a crane will disqualify an applicant from operating a crane.

Neurological. If positive Romberg is reported, indicate degrees of impairment. Pupillary reflexes should be reported for both light and accommodation.

Knee jerks are to be reported absent only when not obtainable upon reinforcement and as increased when foot is actually lifted from the floor following a light blow on the patella, sensory vibratory and positional abnormalities should be noted.

Extremities. Carefully examine upper and lower extremities. Record the loss or impairment of a leg, foot, toe, arm, hand, or fingers. Note any and all deformities, the presence of atrophy, semiparalysis or paralysis, or varicose veins. If a hand or finger deformity exists, determine whether sufficient grasp is present to enable the operator to secure and maintain a grip on the controls. If a leg deformity exists, determine whether sufficient mobility and strength exists to enable the operator to operate pedals properly. Particular attention should be given to, and a record should be made of, any impairment or structural defect which may interfere with the operator's ability to operate a crane safely.

Spine. Note deformities, limitation of motion, or any history of pain, injuries, or disease, past or presently experienced in the cervical or lumbar spine region. If findings so dictate, radiologic and other examinations should be used to diagnose congenital or acquired defects; or spondylolisthesis and scoliosis.

Recto-genital studies. Diseases or conditions causing discomfort should be evaluated carefully to determine the extent to which the condition might be handicapping while lifting, pulling, or during periods of prolonged operation that might be necessary as part of the operator's duties.

Laboratory and other special findings. Urinalysis is required, as

well as such other tests as the medical history or findings upon physical examination may indicate are necessary. A serological test is required if the applicant has a history of luetic infection or present physical findings indicate the possibility of latent syphilis. Other studies deemed advisable may be ordered by the examining physician.

Diabetes. If insulin is necessary to control a diabetic condition, the operator is not qualified to operate a crane. If mild diabetes is noted at the time of examination and it is stabilized by use of a hypoglycemic drug and a diet that can be obtained while the operator is on duty, it should not be considered disqualifying. However, the operator must remain under adequate medical supervision.

General. The physician must date and sign his findings upon completion of the examination.

The medical examination shall be performed by a licensed doctor of medicine or osteopathy. A licensed ophthalmologist or optometrist may perform examinations pertaining to visual acuity, field of vision and ability to recognize colors.

If the medical examiner finds that the person he/she examined is physically qualified to operate a crane, the medical examiner shall complete the Medical Examiner's Certificate and furnish one copy to the person examined and one copy to the employer.

The medical examiner must attach all treating physician, ophthalmologist, or optometrist medical information pertaining to the applicant. Waiver acceptance is up to the medical examiner when waiver is attached to applicant application. The medical examiner is expected to verify the waiver provided by treating physician and qualify or disqualify applicant because of his examination of the applicant.

The medical examiner is expected to perform testing as needed of all applicants and may submit an accommodation statement if applicable about applicants' physical limitations to aid an employer with ADA guidelines. Any accommodation statements must be attached to medical artifaction.

Waiver by physician. Treating physicians must provide signed statements disclosing disease state and/or medication and that the applicant is qualified for the practical examination, and state, "I have examined the aforementioned crane operator applicant and within medical certainty I find the applicant at no greater risk than the general population as a result of any physical, mental, or organic defects, and can safely operate a crane with the aforementioned diagnosis and treatment regimen subject to passing the CCO practical examination."



Mobile Crane Program

Please photocopy all sides of the following forms to use for candidate application.

Candidate Application — Written Examination — Mobile



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CANDIDATE APPLICATION

WRITTEN EXAMINATION – MOBILE CRANES

Please type or print neatly.

NAME <i>First</i>			<i>Middle</i>			<i>Last</i>		
CCO CERTIFICATION NUMBER (if previously 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		
ARE YOU A MOBILE RETEST CANDIDATE? NO <input type="checkbox"/> YES <input type="checkbox"/> Date last tested: ____ / ____ / ____								

WRITTEN EXAMINATIONS FOR WHICH YOU ARE APPLYING

BUBBLE IN the circle next to the crane type(s) for which you are applying. **CHECK (✓)** the load chart you want to use for that crane type. **NOTE:** You must register for the CORE exam and at least one Specialty examination, unless you are a retest candidate. **RETEST CANDIDATES** check **YES** above and follow the retest instructions below. (If you are recertifying, please use separate Recertification Application Form.) Also check (✓) the appropriate boxes below for correct fees.

EXAM DESCRIPTION	EXAM FEES																																											
<table style="width: 100%;"> <tr> <td style="width: 20%;"><input type="radio"/> Core Exam</td> <td style="width: 15%;">652603</td> <td style="width: 65%;">LOAD CHARTS (<i>Check one for each Specialty selected</i>)</td> </tr> <tr> <td><input type="radio"/> Lattice Boom Crawler:</td> <td>652620 652607</td> <td><input type="checkbox"/> American HC-80 <input type="checkbox"/> Manitowoc 888 Series 2</td> </tr> <tr> <td><input type="radio"/> Lattice Boom Truck:</td> <td>652609 652610</td> <td><input type="checkbox"/> Link-Belt HC-238H <input type="checkbox"/> Manitowoc 777T</td> </tr> <tr> <td><input type="radio"/> Large Telescopic: (<i>Swing Cab</i>)</td> <td>652612 652613</td> <td><input type="checkbox"/> Grove TMS 750B <input type="checkbox"/> Link-Belt RTC-8050</td> </tr> <tr> <td><input type="radio"/> Small Telescopic: (<i>Fixed Cab</i>)</td> <td>652616 652650</td> <td><input type="checkbox"/> Manitex M1768 <input type="checkbox"/> Broderson RT300-2B0</td> </tr> </table>	<input type="radio"/> Core Exam	652603	LOAD CHARTS (<i>Check one for each Specialty selected</i>)	<input type="radio"/> Lattice Boom Crawler:	652620 652607	<input type="checkbox"/> American HC-80 <input type="checkbox"/> Manitowoc 888 Series 2	<input type="radio"/> Lattice Boom Truck:	652609 652610	<input type="checkbox"/> Link-Belt HC-238H <input type="checkbox"/> Manitowoc 777T	<input type="radio"/> Large Telescopic: (<i>Swing Cab</i>)	652612 652613	<input type="checkbox"/> Grove TMS 750B <input type="checkbox"/> Link-Belt RTC-8050	<input type="radio"/> Small Telescopic: (<i>Fixed Cab</i>)	652616 652650	<input type="checkbox"/> Manitex M1768 <input type="checkbox"/> Broderson RT300-2B0	<table style="width: 100%;"> <tr> <td>Core Exam plus one (1) Specialty</td> <td style="text-align: right;">\$165 <input type="checkbox"/></td> </tr> <tr> <td>Core Exam plus two (2) Specialties</td> <td style="text-align: right;">\$175 <input type="checkbox"/></td> </tr> <tr> <td>Core Exam plus three (3) Specialties</td> <td style="text-align: right;">\$185 <input type="checkbox"/></td> </tr> <tr> <td>Core Exam plus four (4) Specialties</td> <td style="text-align: right;">\$195 <input type="checkbox"/></td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td colspan="2">RETEST CANDIDATE FEES ONLY</td> </tr> <tr> <td><i>Core only for Retest Candidates</i></td> <td style="text-align: right;">\$165 <input type="checkbox"/></td> </tr> <tr> <td><i>One (1) Specialty only – Core passed</i></td> <td style="text-align: right;">\$65 <input type="checkbox"/></td> </tr> <tr> <td><i>Two (2) Specialties – Core passed</i></td> <td style="text-align: right;">\$75 <input type="checkbox"/></td> </tr> <tr> <td><i>Three (3) Specialties – Core passed</i></td> <td style="text-align: right;">\$85 <input type="checkbox"/></td> </tr> <tr> <td><i>Four (4) Specialties – Core passed</i></td> <td style="text-align: right;">\$95 <input type="checkbox"/></td> </tr> <tr> <td>Candidate Late Fee (if applicable)</td> <td style="text-align: right;">\$50 <input type="checkbox"/></td> </tr> <tr> <td>Incomplete Application Fee (if applicable)</td> <td style="text-align: right;">\$30 <input type="checkbox"/></td> </tr> <tr> <td>TOTAL AMOUNT ENCLOSED</td> <td style="text-align: right;">\$ <input style="width: 50px;" type="text"/></td> </tr> </table>	Core Exam plus one (1) Specialty	\$165 <input type="checkbox"/>	Core Exam plus two (2) Specialties	\$175 <input type="checkbox"/>	Core Exam plus three (3) Specialties	\$185 <input type="checkbox"/>	Core Exam plus four (4) Specialties	\$195 <input type="checkbox"/>	<hr/>		RETEST CANDIDATE FEES ONLY		<i>Core only for Retest Candidates</i>	\$165 <input type="checkbox"/>	<i>One (1) Specialty only – Core passed</i>	\$65 <input type="checkbox"/>	<i>Two (2) Specialties – Core passed</i>	\$75 <input type="checkbox"/>	<i>Three (3) Specialties – Core passed</i>	\$85 <input type="checkbox"/>	<i>Four (4) Specialties – Core passed</i>	\$95 <input type="checkbox"/>	Candidate Late Fee (if applicable)	\$50 <input type="checkbox"/>	Incomplete Application Fee (if applicable)	\$30 <input type="checkbox"/>	TOTAL AMOUNT ENCLOSED	\$ <input style="width: 50px;" type="text"/>
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CANDIDATE APPLICATION (CONT'D)

WRITTEN EXAMINATION

TEST SITE AT WHICH YOU INTEND TO TAKE THE WRITTEN EXAMINATION




PAGE 2 OF 2

TEST SITE NAME	TEST SITE COORDINATOR	
TEST SITE MAILING ADDRESS		
CITY	STATE	ZIP
TEST SITE NUMBER	DATE YOU INTEND TO TAKE THE CCO EXAMINATIONS (Month / Day / Year) / /	

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 CCO Candidate Handbook and have read, and do understand and agree to be bound by all prevailing NCCCO policies and procedures. I attest that I have passed a substance abuse test conducted by a recognized laboratory service and agree to comply with NCCCO's substance abuse policy. I have passed a physical exam that complies with the ASME B30 standard for my certification category and I will continue to comply with those requirements.

CANDIDATE SIGNATURE	DATE
---------------------	------

METHOD OF PAYMENT FOR CANDIDATE EXAMINATION FEES *Do not send cash.*

<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> Personal Check	<input type="checkbox"/> Employer Check	<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	SECURITY CODE
_____	_____
EXPIRATION DATE	_____
_____	_____

NAME (Print as it appears on card)	SIGNATURE (on card)
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Checks and money orders should be payable to: International Assessment Institute — Attention: CCO testing
600 Cleveland Street, Suite 900
Clearwater, Florida 33755

Phone: 727-449-8525
Fax: 727-461-2746

Note: Application is valid for one (1) year from date of approval, after which time your fee will be forfeited and a new application is required.

CANDIDATE APPLICATION CHECKLIST

<input type="checkbox"/> I have completed and signed the Candidate Application.
<input type="checkbox"/> I have provided credit card information or a check or money order for the correct amount.



Tower Crane Program

Please photocopy all sides of the following forms to use for candidate application.

Candidate Application — Written Examination — Tower

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CANDIDATE APPLICATION

WRITTEN EXAMINATION – TOWER CRANE

Please type or print neatly

NAME <i>First</i>			<i>Middle</i>			<i>Last</i>		
CCO CERTIFICATION NUMBER <i>(If previously certified)</i>				SOCIAL SECURITY #				
MAILING ADDRESS						DATE OF BIRTH		
CITY				STATE		ZIP		
PHONE		CELL		FAX		E-MAIL		
COMPANY / ORGANIZATION					PHONE			
COMPANY MAILING ADDRESS								
CITY				STATE		ZIP		
ARE YOU A RETEST CANDIDATE? <input type="checkbox"/> NO <input type="checkbox"/> YES Date last tested: ____/____/____								

WRITTEN EXAMINATION FOR WHICH YOU ARE APPLYING

BUBBLE IN the circle next to the Written Exam category for which you are applying.

EXAM DESCRIPTION	EXAM FEES
<input type="radio"/> Tower Crane Written Exam <i>(Tower Crane candidates only)</i>	654601 \$165 <input type="checkbox"/>
<input type="radio"/> Tower Crane Written Exam <i>(For candidates who are also registering for Mobile Crane Examination(s) at the same time)</i>	654601 \$50 <input type="checkbox"/>
<input type="radio"/> Tower Crane Written Exam <i>(For candidates who are already certified in Mobile Cranes, new updated certification card issued).</i>	654601 \$75 <input type="checkbox"/>
<input type="radio"/> Tower Crane Written Exam <i>(For candidates who are already certified in Mobile Cranes, certification card <u>not</u> updated).</i>	654601 \$50 <input type="checkbox"/>
ADDITIONAL FEES	
<input type="radio"/> Candidate Late Fee <i>(If applicable)</i>	\$50 <input type="checkbox"/>
<input type="radio"/> Incomplete Application Fee <i>(If applicable)</i>	\$30 <input type="checkbox"/>
TOTAL AMOUNT ENCLOSED \$ 	



Overhead Crane Program

Please photocopy all sides of the following forms to use for candidate application.

Candidate Application — Written Examination — Overhead

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CANDIDATE APPLICATION

WRITTEN EXAMINATION – OVERHEAD CRANE

Please type or print neatly

NAME <i>First</i> _____ <i>Middle</i> _____ <i>Last</i> _____		
CCO CERTIFICATION NUMBER <i>(If previously certified)</i> _____		SOCIAL SECURITY # _____
MAILING ADDRESS _____		DATE OF BIRTH _____
CITY _____	STATE _____	ZIP _____
PHONE _____	CELL _____	FAX _____ E-MAIL _____
COMPANY / ORGANIZATION _____		PHONE _____
COMPANY MAILING ADDRESS _____		
CITY _____	STATE _____	ZIP _____
ARE YOU A RETEST CANDIDATE? <input type="checkbox"/> NO <input type="checkbox"/> YES Date last tested: _____ / _____ / _____		

WRITTEN EXAMINATION FOR WHICH YOU ARE APPLYING

BUBBLE IN the circle next to the Written Exam category for which you are applying.

EXAM DESCRIPTION	EXAM FEES
<input type="radio"/> Overhead Crane Written Exam <i>(Overhead Crane candidates only)</i>	653601 \$165 <input type="checkbox"/>
<input type="radio"/> Overhead Crane Written Exam <i>(For candidates who are also registering for Mobile Crane Examination at the same time).</i>	653601 \$50 <input type="checkbox"/>
<input type="radio"/> Overhead Crane Written Exam <i>(For candidates who are already certified in Mobile Cranes, new updated certification card issued).</i>	653601 \$75 <input type="checkbox"/>
<input type="radio"/> Overhead Crane Written Exam <i>(For candidates who are already certified in Mobile Cranes, certification card <u>not</u> updated).</i>	653601 \$50 <input type="checkbox"/>
ADDITIONAL FEES	
<input type="radio"/> Candidate Late Fee <i>(If applicable)</i>	\$50 <input type="checkbox"/>
<input type="radio"/> Incomplete Application Fee <i>(If applicable)</i>	\$30 <input type="checkbox"/>
TOTAL AMOUNT ENCLOSED \$ 	

CANDIDATE APPLICATION (CONT'D)

WRITTEN EXAMINATION

TEST SITE AT WHICH YOU INTEND TO TAKE THE WRITTEN EXAMINATION




PAGE 2 OF 2

TEST SITE NAME	TEST SITE COORDINATOR	
TEST SITE MAILING ADDRESS		
CITY	STATE	ZIP
TEST SITE NUMBER	DATE YOU INTEND TO TAKE THE CCO EXAMINATIONS (Month / Day / Year) / /	

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 CCO Candidate Handbook and have read, and do understand and agree to be bound by all prevailing NCCCO policies and procedures. I attest that I have passed a substance abuse test conducted by a recognized laboratory service and agree to comply with NCCCO's substance abuse policy. I have passed a physical exam that complies with the ASME B30 standard for my certification category and I will continue to comply with those requirements.

CANDIDATE 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"/> 	<input type="checkbox"/> Personal Check	<input type="checkbox"/> Employer Check	<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:

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_____	_____
EXPIRATION DATE	_____
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NAME (Print as it appears on card)	SIGNATURE (on card)
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Checks and money orders should be payable to: International Assessment Institute — Attention: CCO testing
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Phone: 727-449-8525
Fax: 727-461-2746

Note: Application is valid for one (1) year from date of approval, after which time your fee will be forfeited and a new application is required.

CANDIDATE APPLICATION CHECKLIST

<input type="checkbox"/> I have completed and signed the Candidate Application.
<input type="checkbox"/> I have provided credit card information or a check or money order for the correct amount.

IMPORTANT CONTACT INFORMATION



NATIONAL COMMISSION FOR THE CERTIFICATION OF CRANE OPERATORS

2750 Prosperity Avenue, Suite 505
Fairfax, VA 22031-4312

Phone: 703-560-2391

Fax: 703-560-2392

E-Mail: info@nccco.org



INTERNATIONAL ASSESSMENT INSTITUTE

Attention: CCO Testing

600 Cleveland Street, Suite 900
Clearwater, Florida 33755

Phone: 727-449-8525

Fax: 727-461-2746



**NATIONAL COMMISSION FOR THE
CERTIFICATION OF CRANE OPERATORS**

2750 Prosperity Avenue, Suite 505
Fairfax, VA 22031-4312

Phone: 703-560-2391
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