



# TEST SITE APPLICATION & DATA SHEET

## TOWER 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 - TOWER 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 Tower Crane capacity charts for each 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"/> Hammerhead	<input type="checkbox"/> Self Erecting	<input type="checkbox"/> Luffer	<input type="checkbox"/> Cab Operated	<input type="checkbox"/> Remote Control
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**Self Erecting Tower Cranes when used for Practical Exams must have lever or joystick controls with console or remote control mounted. Manufacturer's documentation for capacity rating, hook height, and hook reach must be submitted for all cranes.**

**SECTION C: Provide data for items 1 thru 13 using the crane's load chart.**

1. Make/Model	2. Serial Number	3. Max rated capacity (tons)
4. Configuration of Crane (counterweight, rope size and type, ancillary equipment, etc)		
<b>Answer items 5 thru 8.</b>		
5. Load Hook Height (60 ft. min. required) _____		
6. Minimum Capacity at 70 ft. Radius _____		
7. Minimum Jib Length (70 ft. min. required) _____		
8. Jib Type <input type="checkbox"/> Fixed <input type="checkbox"/> Folding <input type="checkbox"/> Telescoping		

<b>The following are the Tower Crane Test Weight Specifications</b>
9. Test Weight range between: 1,500 lbs to 2,000 lbs.
10. Test Weight Height: _____ ft. (No taller than 5 ft.)
11. Test Weight Diameter: 3 ft.