



Candidate Application

PRACTICAL EXAMINATION—ARTICULATING CRANE OPERATOR

Please type or print neatly. All fields marked with an asterisk (*) must be completed or application will be considered incomplete.

FULL LEGAL NAME <small>(as shown on driver's license)</small>		FIRST*	Middle	LAST*	Suffix (Jr., Sr., III)
CCO CERTIFICATION NUMBER (if previously certified)		DATE OF BIRTH*		CANDIDATE ID: <small>(if previously tested)</small>	
PERSONAL MAILING ADDRESS*					
CITY*		STATE*	ZIP*	COUNTRY	
HOME PHONE	CELL PHONE*		CANDIDATE EMAIL* (PERSONAL EMAIL UNIQUE TO CANDIDATE)		
COMPANY/ORGANIZATION				PHONE	
COMPANY MAILING ADDRESS					
CITY		STATE	ZIP	COUNTRY	

INDICATE WITH A CHECK THE CRANE TYPE(S) YOU WISH TO BE TESTED ON*:

- Articulating Boom Crane (ABC) Articulating Boom Loader (ABL)

TEST SITE AT WHICH YOU INTEND TO TAKE THE PRACTICAL EXAMINATION

TEST SITE COORDINATOR NAME*		PE SITE #:*	
PHONE	EMAIL		
TEST SITE ADDRESS			
CITY	STATE	ZIP	COUNTRY

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 expressly consent to NCCCO's release of any information consistent with NCCCO's Information Release policy. I have read the NCCCO Candidate Handbook and agree to be bound by all NCCCO policies and procedures—including NCCCO's substance abuse policy—as they may be amended from time to time, including without limitation those posted at nccco.org. I further attest that I am physically and mentally capable of safely operating equipment and/or performing the tasks described in the Candidate Handbook on the day of the Practical Exam. I understand and agree that any personal injury and/or property damage resulting from or caused in any way by my participation in the CCO Practical Exam is not and shall not be the responsibility of NCCCO. I understand that if at any point during my certification period I fail to meet any of the requirements outlined above, or if matters arise that can affect my capability to continue to fulfill certification requirements, I must report it to NCCCO immediately and agree to cooperate with any subsequent investigation regarding such matters.

rev 1219

CANDIDATE SIGNATURE*	DATE*
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THIS AREA FOR NCCCO USE ONLY:

- Articulating Boom Crane (ABC) Articulating Boom Crane w/Winch (ABW) Articulating Boom Loader (ABL)

CANDIDATE APPLICATION (CONT'D)

PRACTICAL EXAMINATION—ARTICULATING CRANE OPERATOR

CCO CERTIFICATION CARD

Candidates who meet all the requirements for certification in any one designation are issued a certification card at no charge. As certificants add additional designations, updated cards are issued at no additional charge. Replacement cards are available for an additional fee; order online at nccco.org/newcard.

Please provide your Test Site Coordinator with a digital color photo (without hat or sunglasses) labeled with your full name and birth date.

Alternately, a 1 3/8" x 1 3/4" color passport photo may be substituted for a digital photo; if submitting a passport photo, please give it to your Test Site Coordinator, do not mail it directly to NCCCO.

PRACTICAL EXAMINATION FEES

Checks and money orders must be made payable to NCCCO. Credit cards (Visa, Master Card, or American Express) may be used by filling out the credit card information below.




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

Practical Examination Fees:

- One Articulating Crane Type:\$70
- Two Articulating Crane Types: ...\$90
- Incomplete application fee (if applicable): \$30

METHOD OF PAYMENT FOR CANDIDATE EXAMINATION FEES

Do not send cash.

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 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 (Three- or four-digit code located on the card.)

If using company credit card, provide company name: _____

Email credit card receipt to: _____

Checks and money orders should be payable to: NCCCO

Do not send this application to NCCCO. Give this application, along with payment and all necessary documentation, to your Test Site Coordinator on test day.