



Recertification Application

WRITTEN EXAMINATIONS—LIFT DIRECTOR (PAPER/PENCIL TEST ONLY)

Please type or print neatly.

FULL LEGAL NAME (as shown on driver's license)		First	Middle	Last	Suffix (Jr., Sr., III)	
CCO CERTIFICATION NUMBER		DATE OF BIRTH		CANDIDATE ID:		
MAILING ADDRESS			CITY	STATE	ZIP	COUNTRY
PHONE		CELL		EMAIL		
COMPANY/ORGANIZATION				COMPANY PHONE		
COMPANY MAILING ADDRESS			CITY	STATE	ZIP	COUNTRY
<input type="checkbox"/> I AM REQUESTING TESTING ACCOMMODATIONS IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT (ADA). (For details on NCCCO's Testing Accommodations policy, please see www.nccco.org/accommodations)						

ARE YOU A CURRENTLY CCO-CERTIFIED CRANE OPERATOR IN GOOD STANDING? Yes No

If you checked "yes" above, what is your CCO operator certification number? _____

Also please indicate the cranes you are certified to operate: Mobile Cranes Tower Cranes

WRITTEN EXAMINATIONS FOR WHICH YOU ARE APPLYING

This application is for recertification only. You may ONLY recertify for the designation(s) in which you are currently certified.

FILL IN the circle next to the exams for which you are applying for recertification. If you would like to take exams for an additional Lift Director specialty, use the Candidate Application for initial Lift Director certification.

RECERTIFICATION EXAMINATIONS & FEES

LIFT DIRECTOR RECERTIFICATION EXAMS		
<input type="radio"/> Lift Director Mobile Crane Recertification	811202	\$150
<input type="radio"/> Lift Director Tower Crane Recertification	811302	\$150
CRANE OPERATOR RECERTIFICATION EXAMS		
<input type="radio"/> Mobile Crane Operator Core Recertification*	652605	\$150
<input type="radio"/> Tower Crane Operator Recertification*	654602	\$150

OTHER FEES	
<input type="radio"/> Candidate Late Fee (if applicable).....	\$50
<input type="radio"/> Incomplete Application Fee (if applicable).....	\$30
<input type="radio"/> Updated/Replacement Card	\$25

For logistical reasons, and in fairness to each candidate, it is not recommended that a candidate schedule written exams totaling more than six hours of testing time on the same day.

SUBTOTAL (RECERTIFICATION EXAMS): \$

*Currently CCO-certified operators (TLL, TSS, LBC, LBT, BTF, or TWR) are NOT required to take the corresponding operator recertification exam(s) as long as they maintain their certification status in good standing. Lift Director recertification candidates who are not currently CCO-certified in the corresponding operator category(ies) are required to take and pass the corresponding operator recertification exam(s) at recertification.

To add an additional Lift Director specialty, complete the Candidate Application used for initial (non-recertification) exams. Note that currently certified Lift Directors are not required to retake the Rigger Level II exam when adding an additional Lift Director specialty.

TOTAL AMOUNT DUE \$

RECERTIFICATION APPLICATION (CONT'D)

LIFT DIRECTOR WRITTEN EXAMINATION(S)

TEST SITE AT WHICH YOU INTEND TO TAKE THE WRITTEN EXAMINATION

TEST SITE NAME	TEST SITE COORDINATOR		
TEST SITE ADDRESS			
CITY	STATE	ZIP	COUNTRY
TEST ADMINISTRATION NUMBER	DATE YOU INTEND TO TAKE THE CCO EXAMINATION		

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, consistent with NCCCO's Information Release policy. I have received a copy of the NCCCO Candidate Handbook, have read it, and agree to be bound by it. I also agree to be bound by all NCCCO policies and procedures, as they may be amended from time to time, including without limitation those posted at nccco.org. I have passed a substance abuse test conducted by a recognized laboratory service and agree to comply with NCCCO's substance abuse policy. I attest that I am in good physical health, as verified by a medical professional, sufficient enough to handle the physical demands that supervising lifts requires. 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 0418

CANDIDATE SIGNATURE	DATE
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CCO CERTIFICATION CARD

Candidates who meet all the requirements for certification in any one designation are issued a certification card at no charge. Replacement and updated cards are available for an additional fee; see panel on front side of form.




Please email a digital color photo (without hat or sunglasses) to photos@nccco.org and label it with your full

name and birth date. Enclose with your application form any required payment based upon the information listed on front of form.

A 1 3/8" X 1 3/4" passport color photo may be substituted for a digital photo; if submitting a passport photo, please give it to your Test Site Coordinator.

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 enclosed	<input type="checkbox"/> Employer check enclosed	<input type="checkbox"/> Money Order enclosed	<i>Please do not staple your check or money order.</i>
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If paying by credit card, complete the following information:

CREDIT CARD NUMBER	EXPIRATION DATE
NAME (Print as it appears on card)	SIGNATURE (on card)
SECURITY CODE*	

* Three- or four-digit code located on the card.

Email credit card receipt to: _____

*Checks and money orders should be payable to: **NCCCO***

Please send application and payments to:

NCCCO—Testing Services Department
34125 U.S. Highway 19 North, Suite 150
Palm Harbor, FL 34684

Email: kqualls@nccco.org
Phone: 727-449-8525
Fax: 801-938-9540

For additional information regarding **recertification**, contact NCCCO at 703-560-2391 (phone), info@nccco.org (email), or www.nccco.org (web).