



# Candidate Application

## WRITTEN EXAMINATION—MOBILE, TOWER, & OVERHEAD CRANE OPERATOR (PAPER/PENCIL TESTS ONLY)

*Please type or print neatly.*

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>		
MAILING ADDRESS			CITY	STATE	ZIP	COUNTRY
PHONE		CELL		EMAIL		
COMPANY/ORGANIZATION				PHONE		
COMPANY MAILING ADDRESS			CITY	STATE	ZIP	COUNTRY
<input type="checkbox"/> I AM REQUESTING TESTING ACCOMMODATIONS IN COMPLIANCE WITH THE AMERICAN WITH DISABILITIES ACT (ADA). <i>(For details on NCCCO's Testing Accommodations policy, please see <a href="http://www.nccco.org/accommodations">www.nccco.org/accommodations</a>.)</i>						

### WRITTEN EXAMINATION(S) FOR WHICH YOU ARE APPLYING

**FILL IN** the circle next to the crane type(s) for which you are applying; for Mobile Cranes, **CHECK**  the load chart you want to use for that crane type. Also **FILL IN** the appropriate circle(s) below for correct fees. **NOTE:** If you are registering for Mobile Crane exams, you must register for the Mobile Core Exam and at least one Specialty Exam (unless you are a Retest Candidate).

*If you are recertifying, please use separate Recertification Written Examination Application Form.*

#### WRITTEN EXAMS

LOAD CHARTS		
<input type="radio"/> Mobile Core Exam	652603	(Check one for each Specialty Exam)
<input type="radio"/> Lattice Boom Crawler (LBC)	652620	<input type="checkbox"/> Terex/American
	652607	<input type="checkbox"/> Manitowoc
<input type="radio"/> Lattice Boom Truck (LBT)	652609	<input type="checkbox"/> Link-Belt
	652610	<input type="checkbox"/> Manitowoc
<input type="radio"/> Telescopic Boom—Swing Cab (TLL)	652612	<input type="checkbox"/> Grove (Truck Mount)
	652613	<input type="checkbox"/> Link-Belt (Rough Terrain)
	652618	<input type="checkbox"/> National (Boom Truck)
<input type="radio"/> Telescopic Boom—Fixed Cab (TSS)	652616	<input type="checkbox"/> Manitex (Boom Truck)
	652660	<input type="checkbox"/> Shuttlelift (Carry Deck)
<input type="radio"/> Boom Truck—Fixed Cab (BTF)	652671	<input type="checkbox"/> Manitex (Boom Truck)
<input type="radio"/> Tower Crane	654601	
<input type="radio"/> Overhead Crane	653601	

#### WRITTEN EXAM/RETEST FEES

<b>MOBILE CRANE EXAMS</b>	
<input type="radio"/> Core Exam plus one Specialty Exam .....	\$165
<input type="radio"/> Core Exam plus two Specialty Exams .....	\$175
<input type="radio"/> Core Exam plus three Specialty Exams .....	\$185
<input type="radio"/> Core Exam plus four Specialty Exams .....	\$195
<b>RETEST or ADDED SPECIALTY FEES</b>	
<input type="radio"/> Core Exam only or Core plus one Specialty (Retest) .....	\$165
<input type="radio"/> One Specialty Exam (Retest or Added Specialty) .....	\$65
<input type="radio"/> Two Specialty Exams (Retest or Added Specialty) .....	\$75
<input type="radio"/> Three Specialty Exams (Retest or Added Specialty) .....	\$85
<input type="radio"/> Four Specialty Exams (Retest) .....	\$95
<b>TOWER CRANE EXAMS</b>	
<input type="radio"/> Tower Crane Written Exam (new Candidate) .....	\$165
<input type="radio"/> Tower Crane Written Exam (current CCO-certified Mobile Crane Operator, or new candidate taking exam same time as Mobile Crane exams) .....	\$50
<b>OVERHEAD CRANE EXAMS</b>	
<input type="radio"/> Overhead Crane Written Exam (new Candidate) .....	\$165
<input type="radio"/> Overhead Crane Written Exam (current CCO-certified Mobile Crane Operator, or new candidate taking exam same time as Mobile Crane exams) .....	\$50
<b>TOTAL AMOUNT DUE .....</b>	<b>\$</b> <input style="width: 100px;" type="text"/>

#### OTHER FEES

- Candidate Late Fee (if applicable)..... \$50
- Incomplete Application Fee (if applicable)..... \$30
- Updated/Replacement Card .....

**ADD TO TOTAL AMOUNT AT RIGHT** →

# CANDIDATE APPLICATION (CONT'D)

## WRITTEN EXAMINATION—MOBILE, TOWER, & OVERHEAD CRANE OPERATOR

### 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 expressly consent to NCCCO's release of any information 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 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 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 designation and I will continue to comply with those requirements. 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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### 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

Phone: 727-449-8525  
 Fax: 727-461-2746  
 Email: kqualls@nccco.org