



Written Test Administration REQUEST FORM

This form may also be completed and submitted online at: www.nccco.org/wtar.

*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 must be submitted at least four 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 test administration number to document on your Candidate Applications, which are due no later than two 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 or organization? Yes No

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

Please type or print neatly.

TEST SITE COORDINATOR NAME			
TEST SITE COORDINATOR COMPANY or ORGANIZATION			
TEST SITE COORDINATOR COMPANY MAILING ADDRESS			
CITY	STATE	ZIP	COUNTRY
TEST SITE COORDINATOR CELL PHONE		COMPANY PHONE	
TEST SITE COORDINATOR EMAIL		<input type="checkbox"/> Check here if this is your first written test administration. <input type="checkbox"/> This is a Secure Test Site. (If checked, submit completed Security Requirements Report using enclosed form; for details see "Secure Test Sites" under "Applying to Host CCO Exams.")	
REQUESTED DATE OF TEST			
TEST SITE LOCATION NAME (if different from above)			
DESIGNATED REPRESENTATIVE AT TEST SITE LOCATION (if different from Coordinator above)		REPRESENTATIVE CELL PHONE	
TEST SITE ADDRESS (if different from above)		REPRESENTATIVE EMAIL	
CITY	STATE	ZIP	COUNTRY

WRITTEN EXAMS SUMMARY	Mobile Cranes	Tower Cranes	Overhead Cranes	Articulating Cranes	Digger Derricks	Ded. Pile Drivers	Drill Rigs	Rigger Level I	Rigger Level II	Signal-person	Crane Inspector	Lift Director
# of Certification Candidates:												
# of Retest Candidates:												
# of Recertification Candidates:										N/A		

I have read and understand the expectations of the Test Site Coordinator as well as the Criteria for the Test Site as described in the Written Examination Test Site Coordinator Handbook available on the NCCCO website at www.nccco.org/handbooks.

TEST SITE COORDINATOR SIGNATURE	DATE
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Please return this Application Form for approval at least four weeks prior to exam 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