



Candidate Application

WRITTEN EXAMINATION—ARTICULATING CRANE OPERATOR (PENCIL/PAPER TESTS ONLY)

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* <small>Middle</small>	LAST* <small>Suffix (Jr., Sr., III)</small>	
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
<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 www.nccco.org/accommodations.)</i>			

WRITTEN EXAMINATION FOR WHICH YOU ARE APPLYING

FILL IN the circle next to the Written Examination for which you are applying (only one) and indicate the appropriate fee(s). Total the amount due at bottom.

WRITTEN EXAMS*

<i>Please refer to the Written Exam Content Outlines for the contents of each exam.</i>	
<input type="radio"/> Articulating Boom Crane (ABC)	652902
<input type="radio"/> Articulating Boom Crane w/Winch (ABW)	652903
<input type="radio"/> Articulating Boom Loader (ABL)	652901

WRITTEN EXAM/RETEST FEES

<input type="radio"/> Written Exam.....	\$180
OTHER FEES	
<input type="radio"/> Candidate Late Fee (if applicable)	\$50
<input type="radio"/> Incomplete Application Fee (if applicable)	\$30
TOTAL AMOUNT DUE	\$ <input style="width: 50px;" type="text"/>

CANDIDATE APPLICATION (CONT'D)

WRITTEN EXAMINATION—ARTICULATING CRANE OPERATOR

TEST SITE AT WHICH YOU INTEND TO TAKE THE WRITTEN EXAMINATION

TEST SITE NAME		TEST SITE COORDINATOR NAME*	
TEST SITE ADDRESS			
CITY	STATE	ZIP	COUNTRY
TEST ADMINISTRATION NUMBER*		TEST DATE*	




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 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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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	<input type="text"/>	EXPIRATION DATE	<input type="text"/>
NAME (Print as it appears on card)	<input type="text"/>	SIGNATURE (on card)	<input type="text"/>
		SECURITY CODE	<input type="text"/>
<small>(Three- or four-digit code located on the card.)</small>			

If using company credit card, provide company name: _____

Email credit card receipt to: _____

Checks and money orders should be payable to: NCCCO

Please contact your Test Site Coordinator for instructions on where to submit written exam applications. If instructed to submit directly to NCCCO, please send application and payment to:

NCCCO—Written Exam Processing
 34125 U.S. Highway 19 North, Suite 150
 Palm Harbor, FL 34684
 Fax: 727-461-2746
 Email: writtenapps@nccco.org