Recertification 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
(as shown on driver’s license)

FIRST* Middle LAST* Suffix (Jr., Sr., III)

CCO CERTIFICATION NUMBER (if previously certified)

DATE OF BIRTH* CANDIDATE ID:
(if previously tested)

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

☐ I AM REQUESTING TESTING ACCOMMODATIONS IN COMPLIANCE WITH THE AMERICAN WITH DISABILITIES ACT (ADA).

(For details on NCCCO’s Testing Accommodations policy, please see www.nccco.org/accommodations.)

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*

Please refer to the Written Exam Content Outlines for the contents of each exam.

☐ Articulating Boom Crane (ABC)  652905
☐ Articulating Boom Crane w/Winch (ABW)  652906
☐ Articulating Boom Loader (ABL)  652904

RECERTIFICATION EXAM FEES/RETEST FEES

☐ Written Exam.............................................................$180

OTHER FEES

☐ Candidate Late Fee (if applicable) ......................$50
☐ Incomplete Application Fee (if applicable) ..........$30

TOTAL AMOUNT DUE ................. $
RECERTIFICATION APPLICATION (CONT’D)
WRITTEN EXAMINATION—ARTICULATING CRANE OPERATOR

TEST SITE AT WHICH YOU INTEND TO TAKE THE WRITTEN EXAMINATION

<table>
<thead>
<tr>
<th>TEST SITE NAME</th>
<th>TEST SITE COORDINATOR NAME*</th>
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<tr>
<th>TEST SITE ADDRESS</th>
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<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
<th>COUNTRY</th>
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<tr>
<th>TEST ADMINISTRATION NUMBER*</th>
<th>TEST DATE*</th>
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Do you have 1,000 hours of documented crane-related experience during your current certification period?*

- Yes, and I understand that NCCCO may, at any time, request documentation to be provided in order to verify my experience, and if such documentation is not provided my certification may be impacted.
- No, and I understand I must take and pass the practical exam(s) prior to my expiration 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.

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<tr>
<th>CANDIDATE SIGNATURE*</th>
<th>DATE*</th>
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METHOD OF PAYMENT FOR CANDIDATE EXAMINATION FEES

- Personal check enclosed
- Employer check enclosed
- Money order enclosed

Do not send cash.

If paying by credit card, complete the following information:

<table>
<thead>
<tr>
<th>CREDIT CARD NUMBER</th>
<th>EXPIRATION DATE</th>
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<tr>
<th>NAME (Print as it appears on card)</th>
<th>SIGNATURE (on card)</th>
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<th>SECURITY CODE (Three- or four-digit code located on the card.)</th>
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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