Candidate Application
WRITTEN EXAMINATIONS—CRANE INSPECTOR
(PAPER/PENCIL TEST 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*

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.)

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

If you checked “yes” above, indicate your CCO operator certification number below and the cranes you are certified to operate at right:

CCO operator certification #: ___________________________

☐ Mobile Crane ☐ Tower Crane ☐ Overhead Crane

WRITTEN EXAMINATION(S) FOR WHICH YOU ARE APPLYING

FILL IN the circle next to the crane type(s) for which you are applying. Total the amount due at bottom.

EXAM DESCRIPTIONS AND FEES*

☐ Core Crane Inspector Exam (required for Mobile and/or Tower Crane Inspector) ................................. 711101 $250
☐ Mobile Crane Inspector Specialty Exam .................................................................................................. 711102 $250
☐ Tower Crane Inspector Specialty Exam .................................................................................................. 711104 $250
☐ Overhead Crane Comprehensive Exam .................................................................................................. 711103 $350
☐ Mobile Crane Core Operator Exam† ...................................................................................................... 652603 $160
☐ Tower Crane Operator Exam† .............................................................................................................. 654601 $180
☐ Overhead Crane Operator Exam† ........................................................................................................ 653601 $180

†Currently CCO-certified operators are not required to take the corresponding operator exam(s), as long they maintain their certification status in good standing.

OTHER FEES

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

TOTAL AMOUNT DUE ...................... $

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.
CANDIDATE APPLICATION (CONT’D)
CRANE INSPECTOR WRITTEN EXAMINATION(S)

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>
</tr>
</thead>
<tbody>
<tr>
<td>TEST SITE ADDRESS</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>TEST ADMINISTRATION NUMBER*</td>
<td>TEST DATE*</td>
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</tbody>
</table>

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.

CANDIDATE SIGNATURE* | DATE*

CCO CERTIFICATION CARD

Candidates who meet all the requirements for certification in any one designation are issued a certification card at no charge. As certificants add additional designations, updated cards are issued at no additional charge. Replacement cards are available for an additional fee; order online at nccco.org/newcard.

Please provide your Test Site Coordinator with a digital color photo (without hat or sunglasses) labeled with your full name and birth date. Alternately, a 1¾” × 1¾” color passport photo may be substituted for a digital photo; if submitting a passport photo, please give it to your Test Site Coordinator, do not mail it directly to NCCCO.

METHOD OF PAYMENT FOR CANDIDATE EXAMINATION FEES

Do not send cash.

- □ VISA
- □ MasterCard
- □ American Express
- □ Personal check enclosed
- □ Employer check enclosed
- □ Money Order enclosed

Please do not staple your check or money order.

If paying by credit card, complete the following information:

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

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