



# Recertification 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 <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>	
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 <a href="http://www.nccco.org/accommodations">www.nccco.org/accommodations</a>.)</i>					

### WRITTEN EXAMINATIONS FOR WHICH YOU ARE APPLYING

*This application is for recertification only. You may ONLY recertify for the designation(s) in which you are currently certified. FILL IN the circle next to the exams for which you are applying for recertification. If you would like to take Additional Examinations for inspecting cranes that you are not currently certified on, then FILL IN the examinations of your choice.*

#### RECERTIFICATION EXAMINATIONS & FEES

CRANE INSPECTOR RECERTIFICATION EXAMS			
<input type="radio"/> Core Exam	711201	\$250	
<input type="radio"/> Mobile Crane Specialty	711202	\$250	
<input type="radio"/> Tower Crane Specialty	711204	\$250	
<input type="radio"/> Overhead Crane Comprehensive	711203	\$350	
<b>SUBTOTAL (RECERTIFICATION EXAMS):</b>		<b>\$</b>	

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.

#### ADDITIONAL EXAMINATIONS & FEES

CRANE INSPECTOR EXAMS			
<input type="radio"/> Core Exam	711101	\$250	
<input type="radio"/> Mobile Crane Specialty	711102	\$250	
<input type="radio"/> Tower Crane Specialty	711104	\$250	
<input type="radio"/> Overhead Crane Comprehensive	711103	\$350	
CRANE OPERATOR WRITTEN EXAMS†			
<input type="radio"/> Mobile Crane Operator Core†	652603	\$160	
<input type="radio"/> Tower Crane Operator†	654601	\$180	
<input type="radio"/> Overhead Crane Operator†	653601	\$180	

†Crane Inspector recertificants are required to take and pass the corresponding operator written exam(s) at recertification. Currently CCO-certified operators are not required to take the corresponding operator exam(s) as long as they maintain their certification status in good standing. Otherwise, corresponding written operator exams are required for either recertification or for adding additional Crane Inspector specialties.

#### OTHER FEES

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

**TOTAL AMOUNT DUE** ..... \$

**RECERTIFICATION APPLICATION (CONT'D)**  
**CRANE INSPECTOR WRITTEN EXAMINATION(S)**

**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*		

**Do you have 1,000 hours of documented crane inspection–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 applicable initial Crane Inspector certification exams 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.*

rev 1219

CANDIDATE SIGNATURE*	DATE*
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**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 1 3/8" x 1 3/4" 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.**

<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.)	

*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