# Test Site Application

**PRACTICAL EXAMINATION—DIGGER DERRICK OPERATOR**

**Please type or print neatly.**

<table>
<thead>
<tr>
<th><strong>HOST COMPANY REPRESENTATIVE</strong></th>
<th><strong>TEST SITE NUMBER</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HOST COMPANY NAME</strong></td>
<td><strong>COMPANY REP EMAIL</strong></td>
</tr>
<tr>
<td><strong>HOST COMPANY MAILING ADDRESS</strong></td>
<td></td>
</tr>
<tr>
<td><strong>CITY</strong></td>
<td><strong>STATE</strong></td>
</tr>
<tr>
<td><strong>COMPANY REP OFFICE PHONE</strong></td>
<td><strong>COMPANY REP MOBILE PHONE</strong></td>
</tr>
<tr>
<td><strong>TEST SITE ADDRESS</strong> (Physical address of where the crane(s) will be set up; P.O. Boxes not acceptable)</td>
<td></td>
</tr>
<tr>
<td><strong>CITY</strong></td>
<td><strong>STATE</strong></td>
</tr>
</tbody>
</table>

**CHECK BOXES AS APPROPRIATE**

- $50 Site Fee for ______ (year) enclosed
- $50 Site Fee for ______ (year) already paid
- This is my first test administration

<table>
<thead>
<tr>
<th><strong>TEST SITE COORDINATOR NAME</strong></th>
<th><strong>TEST SITE COORDINATOR PHONE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PRACTICAL EXAMINER NAME</strong></td>
<td><strong>PRACTICAL EXAMINER EMAIL</strong></td>
</tr>
</tbody>
</table>

**The Test Site Coordinator or Company Representative assumes total responsibility for the following items:**

1. Selection of cranes/digger derricks and verification that at all times during the testing process they are in compliance with federal and state OSHA requirements and the current ASME B30 standard
2. Verification that candidate’s application for the Practical Exam is complete
3. Abiding by NCCCO Practical Test Site Audit requirements

**SIGNATURE**

**DATE**

**METHOD OF PAYMENT FOR TEST SITE FEE**

<table>
<thead>
<tr>
<th><strong>CREDIT CARD NUMBER</strong></th>
<th><strong>EXPIRATION DATE</strong></th>
<th><strong>NAME (Print as it appears on card)</strong></th>
<th><strong>SIGNATURE (on card)</strong></th>
<th><strong>SECURITY CODE</strong></th>
</tr>
</thead>
</table>

- **Do not send cash.**

**If paying by credit card, please complete the following information:**

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

If paying by credit card, please complete the following information:

- **CREDIT CARD NUMBER**
- **EXPIRATION DATE**
- **NAME (Print as it appears on card)**
- **SIGNATURE (on card)**
- **SECURITY CODE**

**Email credit card receipt to:**

Checks and money orders should be payable to: NCCCO

Please send application and payments to:

National Commission for the Certification of Crane Operators
Western Regional Office
5250 S. Commerce Drive, Suite 100, Murray, UT 84107
Phone: 801-363-2693 / Fax: 801-363-3806 / Email: ppacheco@nccco.org