



Candidate Application

WRITTEN EXAMINATION—DIGGER DERRICK OPERATOR (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 AMERICANS WITH DISABILITIES ACT (ADA). <i>(For details on NCCCO's Testing Accommodations policy, please see http://www.nccco.org/accommodations)</i>					

WRITTEN EXAMINATION FOR WHICH YOU ARE APPLYING

FILL IN the appropriate circle(s) below for correct fees.

WRITTEN EXAM/RETEST FEES*

<input type="radio"/> Digger Derrick Operator Written Exam—new candidate (650401).....	\$180
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OTHER FEES	
<input type="radio"/> Candidate Late Fee (if applicable)	\$50
<input type="radio"/> Incomplete Application Fee (if applicable)	\$30
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TOTAL AMOUNT DUE	\$

CANDIDATE APPLICATION (CONT'D)

WRITTEN EXAMINATION—DIGGER DERRICK 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	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