



Candidate Application

WRITTEN EXAMINATIONS—LIFT DIRECTOR (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 www.nccco.org/accommodations)</i>					

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

If you checked "yes" above, what is your CCO operator certification number? _____

Also please indicate the cranes you are certified to operate: Mobile Cranes Tower Cranes

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.

WRITTEN EXAMS

<input type="radio"/> Lift Director Core Exam	811101	
<input type="radio"/> Lift Director Mobile Crane Specialty	811201	
<input type="radio"/> Lift Director Tower Crane Specialty	811301	
<input type="radio"/> Mobile Crane Operator Core Exam	LOAD CHARTS 652603	(Check one for each Specialty Exam)
<input type="radio"/> Lattice Boom Crawler Specialty	652620	<input type="checkbox"/> American LBC 652607 <input type="checkbox"/> Manitowoc LBC
<input type="radio"/> Lattice Boom Truck Specialty	652609	<input type="checkbox"/> Link-Belt LBT 652610 <input type="checkbox"/> Manitowoc LBT
<input type="radio"/> Telescopic Boom— Swing Cab Specialty	652612	<input type="checkbox"/> Grove TLL (Truck Mount) 652613 <input type="checkbox"/> Link-Belt TLL (Rough Terrain)
<input type="radio"/> Telescopic Boom— Fixed Cab Specialty	652616	<input type="checkbox"/> Manitex TSS (Boom Truck) 652660 <input type="checkbox"/> Shuttlelift (Carry Deck)
<input type="radio"/> Tower Crane Operator	654601	
<input type="radio"/> Rigger Level II	652802	

WRITTEN EXAM/RETEST FEES

LIFT DIRECTOR EXAMS

- Lift Director Core Exam \$150
- Lift Director Mobile Crane Specialty \$150
- Lift Director Tower Crane Specialty \$150

MOBILE CRANE OPERATOR EXAMS

- Core Exam plus one Specialty Exam \$180
- Core Exam plus two Specialty Exams \$200
- One Specialty Exam \$75
- Two Specialty Exams (Retest or Added Specialty) \$95

TOWER CRANE OPERATOR EXAM

- Tower Crane Written Exam \$180

RIGGER LEVEL II EXAM

- Rigger Level II Written Exam (new Candidate) \$100

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)

LIFT DIRECTOR 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*		

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*
----------------------	-------




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>
--	--	--	--	--	---	--

If paying by credit card, complete the following information:

CREDIT CARD NUMBER	<input type="text"/>	EXPIRATION DATE	<input type="text"/>
NAME (Print as it appears on card)	<input type="text"/>	SIGNATURE (on card)	<input type="text"/>
		SECURITY CODE	<input type="text"/>

(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