



# Recertification 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<br><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:<br><small>(if previously tested)</small> |                        |
| PERSONAL MAILING ADDRESS*   |                | CITY*       | STATE*   | ZIP*                   |
| HOME PHONE  |                | CELL PHONE* | CANDIDATE EMAIL* (PERSONAL EMAIL UNIQUE TO CANDIDATE)  |                        |
| COMPANY/ORGANIZATION  |                |             | PHONE  |                        |
| COMPANY MAILING ADDRESS   |                | CITY        | STATE  | ZIP                    |
| <input type="checkbox"/> I AM REQUESTING TESTING ACCOMMODATIONS IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT (ADA).<br><i>(For details on NCCCO's Testing Accommodations policy, please see <a href="http://www.nccco.org/accommodations">www.nccco.org/accommodations</a>)</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 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 exams for an additional Lift Director specialty, use the Candidate Application for initial Lift Director certification.*

#### RECERTIFICATION EXAMINATIONS & FEES\*

|   |        |       |
|---|--------|-------|
| <b>LIFT DIRECTOR RECERTIFICATION EXAMS</b>                            |        |       |
| <input type="radio"/> Lift Director Mobile Crane Recertification      | 811202 | \$150 |
| <input type="radio"/> Lift Director Tower Crane Recertification       | 811302 | \$150 |
| <b>CRANE OPERATOR RECERTIFICATION EXAMS†</b>                          |        |       |
| <input type="radio"/> Mobile Crane Operator Core Recertification†     | 652605 | \$160 |
| <input type="radio"/> Tower Crane Operator Recertification†           | 654602 | \$180 |
| <b>OTHER FEES</b>   |        |       |
| <input type="radio"/> Candidate Late Fee (if applicable).....         |        | \$50  |
| <input type="radio"/> Incomplete Application Fee (if applicable)..... |        | \$30  |

†Currently CCO-certified operators (TLL, TSS, LBC, LBT, BTF, or TWR) are NOT required to take the corresponding operator recertification exam(s) as long as they maintain their certification status in good standing. Lift Director recertification candidates who are not currently CCO-certified in the corresponding operator category(ies) are required to take and pass the corresponding operator recertification exam(s) at recertification.

To add an additional Lift Director specialty, complete the Candidate Application used for initial (non-recertification) exams. Note that currently certified Lift Directors are not required to retake the Rigger Level II exam when adding an additional Lift Director specialty.

**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.

# RECERTIFICATION 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 consent to NCCCO's release of any information regarding this application and my examination administration to third parties, 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](http://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.*

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|                      |       |
|----------------------|-------|
| 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](http://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                               | 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](mailto:writtenapps@nccco.org)