



Candidate Application

COMBINED WRITTEN (PAPER/PENCIL TESTS) & PRACTICAL EXAMINATIONS—RIGGER & SIGNALPERSON

Please type or print neatly. All fields marked with an asterisk (*) must be completed or application will be considered incomplete.

FULL LEGAL NAME (as shown on driver's license)		FIRST*	Middle	LAST*	Suffix (Jr., Sr., III)
CCO CERTIFICATION NUMBER (if previously certified)		DATE OF BIRTH*		CANDIDATE ID: (if previously tested)	
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). (For details on NCCCO's Testing Accommodations policy, please see www.nccco.org/accommodations .)					
WRITTEN TEST ADMINISTRATION #* (contact Test Site Coordinator)		TEST DATE* (MM/DD/YYYY)		TEST SITE COORDINATOR NAME*	

Note: Written Exam applications received without a Written Test Administration Number will be marked incomplete and cannot be processed.

FILL IN the circles next to the exam(s) for which you are applying.

EXAM DESCRIPTION	EXAM FEES
<input type="radio"/> Rigger Level I (652850) & Rigger Level II (652802) Written and Practical Exams†	<input type="radio"/> \$270
<input type="radio"/> Rigger Level I (652850) & Signalperson (652701) Written and Practical Exams†	<input type="radio"/> \$270
Other fees:	
<input type="radio"/> Candidate Late Fee	\$50
<input type="radio"/> Incomplete Application Fee (see Candidate Handbook for details)	\$30
TOTAL AMOUNT ENCLOSED	\$ <input type="text"/>

†To receive discounted pricing, all written exams must be taken at the same test administration and all practical exams must be completed within seven days of the written exam date. For logistical reasons it is recommended that candidates take no more than four exams on the same day.

CANDIDATE APPLICATION (CONT'D)

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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 1¾" × 1¾" 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.

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 further attest that I am physically and mentally capable of safely operating equipment and/or performing the tasks described in the Candidate Handbook on the day of the Practical Exam. I understand and agree that any personal injury and/or property damage resulting from or caused in any way by my participation in the CCO Practical Exam is not and shall not be the responsibility of NCCCO. 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*

METHOD OF PAYMENT FOR CANDIDATE EXAMINATION FEES

Do not send cash.

-    Personal check enclosed Employer check enclosed Money Order enclosed *Please do not staple your check or money order.*

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 send application and payments 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