# Candidate Application

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

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

<table>
<thead>
<tr>
<th>FULL LEGAL NAME</th>
<th>FIRST*</th>
<th>Middle</th>
<th>LAST*</th>
<th>Suffix (Jr., Sr., III)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCO CERTIFICATION NUMBER <em>(if previously certified)</em></td>
<td>DATE OF BIRTH*</td>
<td>CANDIDATE ID: <em>(if previously tested)</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PERSONAL MAILING ADDRESS**

<table>
<thead>
<tr>
<th>CITY*</th>
<th>STATE*</th>
<th>ZIP*</th>
<th>COUNTRY</th>
</tr>
</thead>
</table>

**HOME PHONE** | **CELL PHONE*** | **CANDIDATE EMAIL**: *(PERSONAL EMAIL UNIQUE TO CANDIDATE)*

**COMPANY/ORGANIZATION**

**COMPANY MAILING ADDRESS**

<table>
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<th>CITY</th>
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</thead>
</table>

- 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.)*

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.

<table>
<thead>
<tr>
<th>EXAM DESCRIPTION*</th>
<th>EXAM FEES</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Rigger Level I Written Exam (652850)</td>
<td>☑ $100</td>
</tr>
<tr>
<td>☑ Rigger Level II Written Exam (652802)</td>
<td>☑ $100</td>
</tr>
<tr>
<td>☑ Signalperson Written Exam (652701)</td>
<td>☑ $100</td>
</tr>
</tbody>
</table>

**RECERTIFICATION EXAM DESCRIPTION**

- Rigger Level I Recertification Written Exam (652851)
- Rigger Level II Recertification Written Exam (652833)

†Note: Individuals recertifying for Rigger Level II are NOT required to take the Rigger Level I recertification exam.

<table>
<thead>
<tr>
<th>Other fees:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Candidate Late Fee</td>
<td>$50</td>
</tr>
<tr>
<td>☑ Incomplete Application Fee (see Candidate Handbook for details)</td>
<td>$30</td>
</tr>
</tbody>
</table>

TOTAL AMOUNT ENCLOSED: $
CANDIDATE APPLICATION (CONT’D)
WRITTEN EXAMINATIONS—RIGGER & SIGNALPERSON

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 ⅜” × 1 ¾” 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 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.

CANDIDATE SIGNATURE* DATE*

METHOD OF PAYMENT FOR CANDIDATE EXAMINATION FEES

Do not send cash.

☐ VISA ☐ MasterCard ☐ American Express ☐ Personal check enclosed ☐ Employer check enclosed ☐ Money Order enclosed

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