



# Recertification Application

## WRITTEN EXAMINATION—SERVICE TRUCK CRANE 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*	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	

I AM REQUESTING TESTING ACCOMMODATIONS IN COMPLIANCE WITH THE AMERICAN WITH DISABILITIES ACT (ADA).  
*(For details on NCCCO's Testing Accommodations policy, please see [www.nccco.org/accommodations](http://www.nccco.org/accommodations).)*

### WRITTEN EXAMINATION FOR WHICH YOU ARE APPLYING

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

#### WRITTEN EXAM/RETEST FEES\*

<input type="radio"/> Service Truck Crane Operator Recertification Exam (655102) .....	\$180
<b>OTHER FEES</b>	
<input type="radio"/> Candidate Late Fee (if applicable) .....	\$50
<input type="radio"/> Incomplete Application Fee (if applicable) .....	\$30
<b>TOTAL AMOUNT DUE</b> .....	\$

# RECERTIFICATION APPLICATION (CONT'D)

## WRITTEN EXAMINATION—SERVICE TRUCK CRANE 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*		

### Do you have 500 hours of documented crane-related experience during your current certification period?\*

- Yes, and I understand that NCCCO may, at any time, request documentation to be provided in order to verify my experience, and if such documentation is not provided my certification may be impacted.
- No, and I understand I must take and pass the practical exam prior to my expiration 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.*

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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
<small>Three- or four-digit code located on the card.</small>		

*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)