Washington State Construction
Crane Certifier Reaccreditation Examination
CANDIDATE APPLICATION

Please type or print neatly.

FULL LEGAL NAME  First Middle Last Suffix (Jr., Sr., III)
(as shown on driver’s license)

NCCCO CERTIFICATION NUMBER (if previously certified)

SOCIAL SECURITY #

MAILING ADDRESS

CITY

STATE

ZIP

HOME PHONE

CELL

FAX

EMAIL

COMPANY/ORGANIZATION

PHONE

COMPANY MAILING ADDRESS

CITY

STATE

ZIP

☐ 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.)

WRITTEN EXAMINATION(S) FOR WHICH YOU ARE APPLYING

This application is for reaccreditation only. You may only reaccredit in the designation(s) in which you are currently accredited. FILL IN the circle next to the crane type(s) for which you wish to reaccredit. Total the amount due at bottom.

EXAM DESCRIPTIONS AND FEES/RETEST FEES

☐ Washington State General Crane Certifier Exam .................................................. 911101 .................................................. $250
☐ Mobile Crane Additional Inspection Criteria & Proof Load Test Exam .................. 911102 .................................................. $250
☐ Tower Crane Additional Inspection Criteria & Proof Load Test Exam .................. 911103 .................................................. $250
☐ Overhead Crane Additional Inspection Criteria & Proof Load Test Exam.............. 911104 .................................................. $250
☐ Articulating Crane Additional Inspection Criteria & Proof Load Test Exam .......... 911105 .................................................. $250
☐ NCCCO Mobile Crane Operator Core Recertification Exam .............................. 652605 .................................................. $150
☐ NCCCO Tower Crane Operator Recertification Exam .......................................... 654602 .................................................. $150
☐ NCCCO Overhead Crane Operator Recertification Exam .................................... 653602 .................................................. $150
☐ NCCCO Articulating Crane Operator Recertification Exam (choose one exam below) .................................................. $150
  ☐ Articulating Boom Cranes (ABC) .......................................................... 652905
  ☐ Articulating Boom Cranes with Winch (ABW) ............................................ 652906
  ☐ Articulating Boom Loaders (ABL) .......................................................... 652904

If you have previously passed the NCCCO certification exam(s) in the category(s) for which you are seeking accreditation, you do not need to retake the exam(s).

TOTAL AMOUNT DUE ........................................................................................................ $
WASHINGTON STATE CONSTRUCTION CRANE CERTIFIER WRITTEN EXAMS
CANDIDATE APPLICATION (CONT’D)

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<tr>
<th>TEST SITE NAME</th>
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<td>CITY</td>
<td>STATE</td>
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<tr>
<td>TEST ADMINISTRATION NUMBER</td>
<td>DATE YOU INTEND TO TAKE THE CCO EXAMINATION</td>
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Under penalties of perjury, 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 shall constitute grounds for the rejection of my application, or denial or revocation of my accreditation. I understand that NCCCO reserves the right to verify any information in this application or in connection with my accreditation. I consent to NCCCO’s release of any information regarding this application and my examination administration to third parties. I have received a copy of the NCCCO Candidate Handbook, have read it, and agree to be bound by it. I also agree to be bound by all NCCCO policies and procedures, 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

- [ ] VISA  
- [ ] MasterCard  
- [ ] Personal check enclosed  
- [ ] Employer check enclosed  
- [ ] Money order enclosed

Do not send cash. 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.

All credit card charges will appear on your statement from “NCCCO.” There will be a $30 fee charged if your credit card is declined or denied.

Checks and money orders should be payable to: NCCCO

Please send application and payments to:

NCCCO—Testing Services Department  
4141 S. Highland Drive, Suite 225  
Salt Lake City, Utah 84124  
Email: kqualls@nccco.org  
Phone: 727-449-8525  
Fax: 801-938-9540

CANDIDATE APPLICATION CHECKLIST

- [ ] I have completed the online application for accreditation on the Dept. of Labor and Industries’ website (see page 1).
- [ ] I have completed and signed this Candidate Application for the appropriate written tests.
- [ ] I have provided credit card information or a check or money order for the correct amount due.