National Commission for the Certification of Crane Operators

PRACTICAL EXAMINER APPLICATION FORM

Please complete all sections.

1. Applicant Information

Articulating Boom – Crane (ABC)

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Host Company</th>
<th>Fees</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ August 14-15, 2010</td>
<td>Rancho Murrieta, CA</td>
<td>NCTAT</td>
<td>$625</td>
</tr>
</tbody>
</table>

Refresher

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<tr>
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<tbody>
<tr>
<td>□ August 14, 2010</td>
<td>Rancho Murrieta, CA</td>
<td>NCTAT</td>
<td>$175</td>
</tr>
</tbody>
</table>

First Name________________________ Last Name____________________ Last Four Social Security #_____________

Company Name____________________________________________________________________________________

Address __________________________________________________________________________________________

City________________________________________________ State___________ Zip______________________________

Phone ___________________________________________________________________________________________ Fax________________________

Credit Card No. ___________________________ Exp. Date__________________ (Circle One) Visa/MasterCard

Security Code ________________ E-mail________________________________________________________________

Name on Card________________________Signature________________________

2. Are you currently CCO Certified? Are you currently an Accredited Practical Examiner?

If you are, check appropriate category(s):

Certification Number:________________________

Practical Examiner Number:__________________

☐ Lattice Boom Crawler
☐ Lattice Boom Truck
☐ Telescopic Boom Crane- Fixed Cab
☐ Telescopic Boom Crane- Swing Cab
☐ Tower Crane
☐ Overhead Crane
☐ Signalperson
☐ Certified Rigger Level I
☐ Articulating Boom- Crane
☐ Articulating Boom- Loader

☐ Lattice Boom Crawler
☐ Lattice Boom Truck
☐ Telescopic Boom Crane- Fixed Cab
☐ Telescopic Boom Crane- Swing Cab
☐ Tower Crane
☐ Overhead Crane
☐ Signalperson
☐ Certified Rigger Level I
☐ Articulating Boom- Crane
☐ Articulating Boom- Loader

*NCCCO Certification Written Exams for the ACO Program will be administered during the first day of the workshop. Practical & Written Certification exam fees are not included as part of the Practical Examiner Workshop fees and are due at the time of testing.*
3. Professional qualifications, memberships, positions held.

4. Specific experience and qualifications applicable to this position.
(Please attach resume and any supporting documentation you wish NCCCO to take into consideration.)

5. References
List two individuals as professional references.

1. Name ____________________________ Phone ____________________________ Relationship ____________________________

2. Name ____________________________ Phone ____________________________ Relationship ____________________________

6. Submission of Application
In signing this application to attend a Practical Examiner Workshop, I understand that submission of this application does not guarantee admission into the program. I further understand that my participation in the Practical Examiner Accreditation Program and performance in the workshop activities must meet program expectations in order to receive accreditation. Failure to meet those expectations or follow NCCCO policies may result in denial, suspension or revocation of my Practical Examiner Accreditation status.

Signed: ____________________________ Date: ____________________________

Please return, along with supporting documentation, to: Phillip Kinser,
National Commission for the Certification of Crane Operators, 57 West 200 South,
Suite 404, Salt Lake City, UT 84101
Fax: 801-363-3806

FOR NCCCO USE ONLY

Date Received: ____________________________ By: ____________________________
Application Complete? YES/NO By: ____________________________
Application Approved? YES/NO Date: ____________________________
Copy emailed to NCCCO HQ YES/NO By: ____________________________
Comments: ____________________________ Date: ____________________________