PRACTICAL EXAMINER APPLICATION FORM

Please complete all sections.

Rigger Level II

☐ September 28-29, 2010
☐ Location
☐ Host Company
☐ Fees

☐ Oklahoma City, OK
☐ Safety Resources Unlimited
☐ $625

1. Applicant Information

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:________________________

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

Practical Examiner Number:________________________

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

*NCCCO Certification Written Exams for the Rigger Level II 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. ______________________________________________________ Phone: ____________________________ Relationship: ________________

2. ______________________________________________________ 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:_____________________________________________