National Commission for the Certification of Crane Operators

PRACTICAL EXAMINER APPLICATION FORM

Please complete all sections.

Rigger Level I

Date
☐ September 13-14, 2010

Location
Mare Island, CA

Host Company
Cooper Crane & Rigging

Fees
$625

Rigger Level II

Date
☐ September 15-16, 2010

Location
Mare Island, CA

Host Company
Cooper Crane & Rigging

Fees
$625

Rigger Level I & II

Date
☐ September 13-16, 2010

Location
Mare Island, CA

Host Company
Cooper Crane & Rigging

Fees
$1075

Rigger Level I Refresher

Date
☐ September 13, 2010

Location
Mare Island, CA

Host Company
Cooper Crane & Rigging

Fees
$175

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:________________________ 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

☐ 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. __________________________________________  __________________________
   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 Comments: