National Commission for the Certification of Crane Operators

PRACTICAL EXAMINER APPLICATION FORM

Please complete all sections.

Rigger Level II

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<th>Date</th>
<th>Location</th>
<th>Host Company</th>
<th>Fees</th>
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<td>☐ May 19-20, 2011</td>
<td>Richmond, CA</td>
<td>Bragg Crane &amp; Rigging</td>
<td>$625</td>
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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  ☐ Lattice Boom  
☐ Telescopic Boom- Fixed Cab  ☐ Telescopic Boom- Fixed Cab  
☐ Telescopic Boom- Swing Cab  ☐ Telescopic Boom- Swing Cab  
☐ Tower Crane  ☐ Tower Crane  
☐ Overhead Crane  ☐ Overhead Crane  
☐ Signalperson  ☐ Signalperson  
☐ Rigger Level I  ☐ Rigger Level I  
☐ Rigger Level II  ☐ Rigger Level II  
☐ Articulating Boom- Crane  ☐ Articulating Boom- Crane  
☐ Articulating Boom- Loader  ☐ Articulating Boom- Loader  

*NCCCO Certification Written and Practical 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:
Erin Jones
National Commission for the Certification of Crane Operators
57 West 200 South, Suite 404
Salt Lake City, UT 84101
Fax: 801-363-3806
Email: ejones@nccco.org

FOR NCCCO USE ONLY

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