National Commission for the Certification of Crane Operators

PRACTICAL EXAMINER APPLICATION FORM

Please complete all sections.

Tower Crane

Date
☐ June 19-20, 2012

Location
Salem, OR

Host Company
Morrow Equipment

Fees
$625

Tower Crane Refresher

Date
☐ June 19, 2012

Location
Salem, OR

Host Company
Morrow Equipment

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:_______________________

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

If you are, check appropriate category(s):
Practical Examiner Number:_______________________

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

*NCCCO Practical Certification exam fees for the Tower Crane Program 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  
E-Mail: ejones@nccco.org

FOR NCCCO USE ONLY

Date Received: By:

Application Complete? YES/NO

Application Approved? YES/NO

Copy emailed to NCCCO HQ YES/NO By: Date:

Comments: