National Commission for the Certification of Crane Operators

PRACTICAL EXAMINER APPLICATION FORM

Please complete all sections.

Signalperson Refresher (for existing Examiners only)

	Date	Location	Host Company	Fees
☐	December 12, 2019	Fort Collins, CO	SHR Workforce Training Sol	$175

Signalperson

	Date	Location	Host Company	Fees
☐	December 12, 2019	Fort Collins, CO	SHR Workforce Training Sol	$625

1. Applicant Information

First Name_____ Last Name_____ Candidate ID (NCP)_____

Company Name_____

Address _____

City_____ State_____ Zip_____

Phone _____ Fax _____

E-mail_____
(In order to receive essential program updates, this must be your personal email (not a shared address)

2. Payment Information

Credit Card No. _____Exp. Date_____ Security Code _____

Name on Card_____Signature_____

3. Are you currently CCO Certified?
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
- ☐ Digger Derrick
- ☐ Articulating Boom Crane
- ☐ Articulating Boom Loader
- ☐ Dedicated Pile Driver
- ☐ Signalperson
- ☐ Rigger Level I
- ☐ Rigger Level II

Are you currently an Accredited Practical Examiner?
If you are, check appropriate category(s):

Practical Examiner Number:_____

- ☐ Lattice Boom
- ☐ Telescopic Cranes Fixed Cab
- ☐ Telescopic Cranes Swing Cab
- ☐ Tower Crane
- ☐ Overhead Crane
- ☐ Digger Derrick
- ☐ Articulating Boom Crane
- ☐ Articulating Boom Loader
- ☐ Dedicated Pile Driver
- ☐ Signalperson
- ☐ Rigger Level I
- ☐ Rigger Level II

4. References

List two individuals as professional references.

1. _____

Name	Phone	Relationship

2. _____

Name	Phone	Relationship

Submit in addition a lifting operations related resume along with this application. Applications will not be considered received without a resume attached.

5. Submission of Application

Applicants for NCCCO Practical Examiner workshops shall provide at least 48 hours (2 business days) notice in writing of any request to cancel their registration. Monies submitted may be applied against a subsequent registration. Alternatively, registrant may request a full refund. Substitutions of qualified applicants are permitted so long as their application has been submitted and approved by NCCCO at least 48 hours (2 business days) prior to the start of the workshop. If an applicant fails to provide proper notice to cancel or substitute, or fails to show up for a workshop within 10 minutes of the scheduled commencement time, the applicant will be subject to forfeiture of all fees paid.

From time to time, NCCCO Practical Examiner workshops may be cancelled or rescheduled because of limited enrollment, equipment issues, or for other reasons. In such cases, NCCCO will endeavor to provide you with (but cannot guarantee) at least one week's notice of any changes. Please take this into account when making travel plans.

Attendees at NCCCO Practical Examiner Accreditation Workshops are required to re-take and pass the Practical Exam(s) for the category(ies) in which they hold NCCCO Certification and wish to receive accreditation as a Practical Examiner. These exams must be conducted in the presence of an NCCCO Auditor and will be administered during the audit. Attendees will have 2 attempts to pass the Practical Exam. Failure to pass the subsequent Practical Exam(s) will result in the revocation of your NCCCO Certification for that category.

By signing this application to attend a Practical Examiner Workshop, you acknowledge that submission of this application does not guarantee admission into the program. You further understand that your participation in the Practical Examiner Accreditation Program and performance in the workshop activities must meet program expectations in order to receive accreditation, and that failure to meet those expectations or to follow NCCCO policies may result in denial, suspension or revocation of any Practical Examiner Accreditation status. Finally, by signing this application, you represent that your statements in this application and those in any required accompanying documentation are true.

Signed:_____ Date:_____

Please return, along with supporting documentation, to:
Jeniel Shaw
National Commission for the Certification of Crane Operators
5250 S. Commerce Dr, Suite 100
Murray, UT 84107
Fax: 801-363-3806
E-Mail: jshaw@nccco.org

FOR NCCCO USE ONLY

Date Received: *By:*

Application Complete? YES/NO

Application Approved? YES/NO *By:*

Comments: