



Candidate Application

WRITTEN EXAMINATION—MOBILE, TOWER, & OVERHEAD CRANE OPERATOR

Please type or print neatly.

| | | | | |
|--|------|---------------|--------|-------------------|
| NAME | | First | Middle | Last |
| NCCCO CERTIFICATION NUMBER (if previously certified) | | DATE OF BIRTH | | SOCIAL SECURITY # |
| MAILING ADDRESS | | CITY | | STATE ZIP |
| PHONE | CELL | FAX | E-MAIL | |
| COMPANY/ORGANIZATION | | | PHONE | |
| COMPANY MAILING ADDRESS | | CITY | | STATE ZIP |
| HAVE YOU PREVIOUSLY TAKEN ANY NCCCO EXAMS*? <input type="checkbox"/> NO <input type="checkbox"/> YES DATE LAST TESTED: | | | | |

*Fees for retest candidates are the same as for first-time candidates, as indicated below.

WRITTEN EXAMINATION(S) FOR WHICH YOU ARE APPLYING

FILL IN the circle next to the crane type(s) for which you are applying; for Mobile Cranes, **CHECK** the load chart you want to use for that crane type. Also **FILL IN** the appropriate circle(s) below for correct fees. **NOTE:** If you are registering for Mobile Crane exams, you must register for the Mobile Core Exam and at least one Specialty Exam (unless you are a Retest Candidate).

If you are recertifying, please use separate Recertification Written Examination Application Form.

WRITTEN EXAMS

| | | LOAD CHARTS |
|---|--------|--|
| <input type="radio"/> Mobile Core Exam | 652603 | (Check one for each Specialty Exam) |
| <input type="radio"/> Lattice Boom Crawler | 652620 | <input type="checkbox"/> American LBC |
| | 652607 | <input type="checkbox"/> Manitowoc LBC |
| <input type="radio"/> Lattice Boom Truck | 652609 | <input type="checkbox"/> Link-Belt LBT |
| | 652610 | <input type="checkbox"/> Manitowoc LBT |
| <input type="radio"/> Telescopic Boom— Swing Cab | 652612 | <input type="checkbox"/> Grove TLL |
| | 652613 | <input type="checkbox"/> Link-Belt TLL |
| <input type="radio"/> Telescopic Boom— Fixed Cab | 652616 | <input type="checkbox"/> Manitex TSS |
| | 652650 | <input type="checkbox"/> Broderson TSS |
| <input type="radio"/> Tower Crane | 654601 | |
| <input type="radio"/> Overhead Crane | 653601 | |

| |
|--|
| <p>OTHER FEES</p> <p><input type="checkbox"/> Candidate Late Fee (if applicable)</p> <p><input type="checkbox"/> Incomplete Application Fee (if applicable)</p> <p><input type="checkbox"/> Updated/Replacement Card</p> <p>ADD TO TOTAL AMOUNT AT RIGHT →</p> |
|--|

WRITTEN EXAM FEES

| |
|--|
| <p>MOBILE CRANE EXAMS</p> <p><input type="radio"/> Core Exam plus one Specialty Exam</p> <p><input type="radio"/> Core Exam plus two Specialty Exams</p> <p><input type="radio"/> Core Exam plus three Specialty Exams</p> <p><input type="radio"/> Core Exam plus four Specialty Exams</p> <hr/> <p><input type="radio"/> Core Exam only (Retest)</p> <p><input type="radio"/> One Specialty Exam (Retest or Added Specialty)</p> <p><input type="radio"/> Two Specialty Exams (Retest or Added Specialty)</p> <p><input type="radio"/> Three Specialty Exams (Retest or Added Specialty)</p> <p><input type="radio"/> Four Specialty Exams (Retest)</p> <hr/> <p>TOWER CRANE EXAMS</p> <p><input type="radio"/> Tower Crane Written Exam (new Candidate)</p> <p><input type="radio"/> Tower Crane Written Exam (current NCCCO-certified Mobile Crane Operator, or new candidate taking exam same time as Mobile Crane exams)</p> <hr/> <p>OVERHEAD CRANE EXAMS</p> <p><input type="radio"/> Overhead Crane Written Exam (new Candidate)</p> <p><input type="radio"/> Overhead Crane Written Exam (current NCCCO-certified Mobile Crane Operator, or new candidate taking exam same time as Mobile Crane exams)</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 10px;"></div> |
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CANDIDATE APPLICATION (CONT'D)

WRITTEN EXAMINATION—MOBILE, TOWER, & OVERHEAD CRANE OPERATOR

TEST SITE AT WHICH YOU INTEND TO TAKE THE WRITTEN EXAMINATION

| | | | |
|-------------------|---|-----|--|
| TEST SITE NAME | TEST SITE COORDINATOR | | |
| TEST SITE ADDRESS | | | |
| CITY | STATE | ZIP | |
| TEST SITE NUMBER | DATE YOU INTEND TO TAKE THE CCO EXAMINATION | | |

Under penalties of perjury, I declare that the foregoing statements and those in any required accompanying documentation are true. I understand and agree that my failure to provide accurate and complete information or abide by NCCCO's policies and procedures, including the Code of Ethics, shall constitute grounds for the rejection of my application, or denial or revocation of my certification. I understand that NCCCO reserves the right to verify any information in this application or in connection with my certification. I consent to NCCCO's release of any information regarding this application and my examination administration to third parties. I have received a copy of the NCCCO Candidate Handbook and have read it; I understand and agree to be bound by all prevailing NCCCO policies and procedures. I attest that I have passed a substance abuse test conducted by a recognized laboratory service and agree to comply with NCCCO's substance abuse policy. I have passed a physical exam that complies with the ASME B30 standard for my certification category and I will continue to comply with those requirements.

| | |
|---------------------|------|
| CANDIDATE SIGNATURE | DATE |
|---------------------|------|

CANDIDATE APPLICATION CHECKLIST

| |
|---|
| <input type="checkbox"/> I have completed and signed the <i>Candidate Application</i> . |
|---|