



CANDIDATE APPLICATION

PRACTICAL EXAMINATION

Please type or print neatly.

NAME <i>First</i>			<i>Middle</i>			<i>Last</i>		
CCO CERTIFICATION NUMBER (IF PREVIOUSLY CERTIFIED)				SOCIAL SECURITY #				
MAILING ADDRESS							DATE OF BIRTH	
CITY					STATE		ZIP	
PHONE		CELL		FAX		E-MAIL		
COMPANY ORGANIZATION						PHONE		
COMPANY STREET ADDRESS								
CITY			STATE			ZIP		
ARE YOU A MOBILE RECERTIFICATION CANDIDATE?				NO <input type="checkbox"/>		YES <input type="checkbox"/>		PRACTICAL EXAM TEST DATE _____/_____/_____

Indicate with a check mark the crane type(s) you wish to be tested on and the date you passed the corresponding Written Examination if applicable. If you have passed the Written Exams you must also provide a copy of either a score report, or certification card.

PRACTICAL EXAM

- Lattice Boom
- Large Telescopic (Swing Cab)
- Small Telescopic (Fixed Cab)
- Tower
- Overhead

WRITTEN EXAM

- Lattice Boom Crawler and/or Lattice Boom Truck
- Large Telescopic (TLL)
- Small Telescopic (TSS)
- Tower Crane
- Overhead Crane

Date on which you passed the Written Exam

_____/_____/_____
_____/_____/_____
_____/_____/_____
_____/_____/_____
_____/_____/_____
_____/_____/_____

TEST SITE AT WHICH YOU INTEND TO TAKE THE PRACTICAL EXAMINATION.

TEST SITE COORDINATOR NAME		
PHONE	FAX	E-MAIL
TEST SITE STREET ADDRESS		
CITY	STATE	ZIP

Under penalties of perjury, I declare that the foregoing statements and those to 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 CCO Candidate Handbook and have read, and do 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
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CANDIDATE APPLICATION (CONT'D)

PRACTICAL EXAMINATION

CCO CERTIFICATION CARDS

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Candidates who meet all the requirements for certification in any one category are issued a certification card at no charge. Replacement and updated cards are available for an additional fee; see panel below.

Attach Color
Passport Photo
Here

1 - 3/8" W X 1 - 3/4" H

Please attach a passport color photo, without hat or sunglasses, and enclose any required payment based upon the information listed below with your application form

PRACTICAL EXAMINATION FEES

Checks and money orders must be made payable to **International Assessment Institute**. Credit cards (Visa ,Master Card or American Express) may be used by filling out the Credit Card Box below.




Check the box next to the Practical Exam category for which you are registering.

Examination Fees:

- One Mobile Crane Type - \$60
- Two Mobile Crane Types - \$70
- Three Mobile Crane Types - \$80
- Tower Crane Category Only - \$60
- Tower Crane *(added to existing Mobile Crane Certification, no new card)* - \$50
- Overhead Crane Category Only - \$60
- Overhead Crane *(Added to existing Mobile and/or Tower Crane Certification, no new card)* - \$50
- Charge an additional \$25 for a replacement card.

METHOD OF PAYMENT FOR CANDIDATE EXAMINATION FEES

Do not send cash.


 
 
 Personal Check
 Employer Check
 Money Order
 Do not staple your check.

If paying by credit card - complete the following information

SECURITY CODE*

CREDIT CARD NUMBER

EXPIRATION DATE

NAME (Print as it appears on card)

SIGNATURE (on card)

Checks and money orders should be payable to: International Assessment Institute - Attention: CCO Testing
Do not send this application to IAI or CCO. Give this application, along with payment and all necessary documentation, to your Test Site Coordinator on test day.