



TEST SITE APPLICATION & DATA SHEET

PRACTICAL EXAMINATION – TOWER CRANE

Please type or print neatly.

PAGE 1 OF 2

NAME		TEST SITE #	
HOST COMPANY			
HOST COMPANY MAILING ADDRESS			
CITY		STATE	ZIP
HOST PHONE	HOST FAX	HOST E-MAIL	
TEST SITE ADDRESS (physical address of where the crane will be set up, no PO Box's)			
CITY		STATE	ZIP
CHECK BOXES AS APPROPRIATE			
<input type="checkbox"/> New Test Site <input type="checkbox"/> Existing Test Site <input type="checkbox"/> \$50 Site Fee for 2008 already paid <input type="checkbox"/> \$50 Site Fee for 2008 enclosed			
TEST SITE COORDINATOR NAME		PHONE	E-MAIL
PRACTICAL EXAMINER NAME		ACCREDITATION #	
DATES(S) OF TEST			



The Practical Examination Test Site Coordinator assumes total responsibility for the following items:

- 1. Selection of cranes and verification that at all times during the testing process the cranes are in compliance with federal and state OSHA requirements and the current ASME B30 standard.**
- 2. Verification that candidate's application for the practical test is complete.**
- 3. Verification that candidate is physically and mentally capable of safe operation the day of test.**
- 4. Personal injury and / or property damage resulting from or caused in anyway by the act of participation in the CCO Practical Examination.**

HOST COMPANY NAME	
HOST COMPANY REPRESENTATIVE	
TEST SITE COORDINATOR SIGNATURE	DATE

METHOD OF PAYMENT FOR TEST SITE APPLICATION FEES

Do not send cash.

<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> Personal Check Enclosed	<input type="checkbox"/> Employer Check Enclosed	<input type="checkbox"/> Money Order Enclosed	<i>Do not staple your check.</i>
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If paying by credit card complete the following information

CREDIT CARD NUMBER	<input type="text"/>	EXPIRATION DATE	<input type="text"/>
NAME (Print as it appears on card)	<input type="text"/>	SIGNATURE (on card)	<input type="text"/>
		SECURITY CODE*	<input type="text"/>

Checks and money orders should be made payable to: NCCCO

**** Three digit security code located on the back of the card in the signature panel.***

Please send Application and payments to:

National Commission for the Certification of Crane Operators
Western Regional Office
57 West 200 South, Suite 404, Salt Lake City, Utah 84101
Fax: 801-363-3806

TEST SITE APPLICATION & DATA SHEET (CONT'D)

PRACTICAL EXAMINATION – TOWER CRANE

INSTRUCTIONS FOR COMPLETING THIS DATA SHEET

Photocopy this form for use with every crane you plan to test on.

Please ensure to include the Tower Crane capacity charts for each test crane in its proposed configuration. CCO CANNOT PROCESS THIS APPLICATION WITHOUT ALL THIS INFORMATION.

SECTION A Complete as fully as possible, including your desired test date if known.

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HOST COMPANY NAME	TEST SITE #		
TEST SITE ADDRESS	APPLICATION DATE	DATE OF TEST	
CITY	STATE	ZIP	

SECTION B – CRANE TYPE: Check the box's next to the type of the crane and control system you plan to test on.

- Hammerhead
 Self Erecting
 Luffer
 Cab Operated
 Remote Control

Self Erecting Tower Cranes when used for Practical Exams must have lever or joystick controls either console or remote control mounted. Manufacturer's documentation for capacity rating, hook height, and hook reach must be submitted for all cranes.

SECTION C: Provide data for items 1 thru 8 using the crane's load chart.

1. Make / Model:	2. Serial Number:	3. Rated Capacity (40 meter ton Min.):
4. Configuration of crane (counterweight, rope size and type, ancillary equipment etc.)		

Answer items 5 thru 8.

5. Load Hook Height (60 ft. min. required) _____
6. Minimum Capacity at 70 ft. Radius _____
7. Minimum Jib Length (70 ft. min. is required) _____
8. Jib Type Fixed Folding Telescoping

The following are the Tower Crane Test Weight Specifications.

9. Test Weight Range between: 1,500 lbs. to 2,000 lbs.
10. Test Weight Height: _____ ft. (No taller than 5 ft.)
11. Test Weight Diameter: 3 ft.