CANDIDATE APPLICATION

WRITTEN EXAMINATION – TOWER CRANE

Please type or print neatly

NAME *First* *Middle* *Last*

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 MAILING ADDRESS

CITY

STATE

ZIP

ARE YOU A RETEST CANDIDATE? ☐ NO ☐ YES **Date last tested:** ____/____/____

WRITTEN EXAMINATION FOR WHICH YOU ARE APPLYING

BUBBLE IN the circle next to the Written Exam category for which you are applying.

EXAM DESCRIPTION		EXAM FEES
◯ **Tower Crane Written Exam** *(Tower Crane candidates only)*	654601	$165 ☐
◯ **Tower Crane Written Exam** *(For candidates who are also registering for Mobile Crane Examinaton(s) at the same time)*	654601	$50 ☐
◯ **Tower Crane Written Exam** *(For candidates who are already certified in Mobile Cranes, new updated certification card issued).*	654601	$75 ☐
◯ **Tower Crane Written Exam** *(For candidates who are already certified in Mobile Cranes, certification card <u>not</u> updated).*	654601	$50 ☐

ADDITIONAL FEES

◯ **Candidate Late Fee** *(If applicable)*	$50 ☐
◯ **Incomplete Application Fee** *(If applicable)*	$30 ☐

TOTAL AMOUNT ENCLOSED . . . . . **$** ____

CANDIDATE APPLICATION (CONT'D)

WRITTEN EXAMINATION

TEST SITE AT WHICH YOU INTEND TO TAKE THE WRITTEN EXAMINATION

TEST SITE NAME

TEST SITE COORDINATOR

TEST SITE MAILING ADDRESS

CITY

STATE

ZIP

TEST SITE NUMBER

DATE YOU INTEND TO TAKE THE CCO EXAMINATIONS

(Month / Day / Year) ⁄ ⁄

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 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

METHOD OF PAYMENT FOR CANDIDATE EXAMINATION FEES

Do not send cash.

☐ VISA ☐ MasterCard ☐ American Express ☐ 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
600 Cleveland Street, Suite 900
Clearwater, Florida 33755

Phone: 727-449-8525
Fax: 727-461-2746

Note: Application is valid for one (1) year from date of approval, after which time your fee will be forfeited and a new application is required.

CANDIDATE APPLICATION CHECKLIST

☐ I have completed and signed the Candidate Application.
☐ I have provided credit card information or a check or money order for the correct amount.