

Extension Request Form

In certain limited circumstances, NCCCO provides for extensions to the requirement to pass the practical examination within 12 months of passing the corresponding written examination. Extension requests do not apply to written examinations. Extensions are granted for specific reasons only. If you wish to request an extension you must complete Parts A, B, and C of this form and submit it, together with supporting documentation, to NCCCO. Do not forget to sign the Attestation Statement in Part A. **Incomplete forms will not be processed.** NCCCO will advise you of its decision on Part D of this form, which will be returned to you. Please allow two weeks for processing your request.

PART A (Please Print)

Candidate Name:	SSN:	
Address:		
City:	State:	Zip:
Phone:	Fax:	

ATTESTATION STATEMENT

Under penalties of perjury, I hereby attest that all statements I have made in this application, and those in any required accompanying documentation, are true.

Candidate Signature _____ Date _____

PART B

State the reason for your request and indicate the supporting documentation you are providing. **Do not forget to attach this documentation; without it your application will not be processed.**

Reason for request

- Called to work
- Illness/Injury (*Personal or family*)

Documentation Required

- Letter from supervisor/employer/employment agency (*All letters must contain the dates you were on the job and hours worked.*)
- Doctor's Note. (*All Doctor's Notes must include the dates you were unable to work.*)
- Letter from employer/employer's representative. (*Letters must indicate dates off work.*)
- Death Certificate. Relationship to deceased: _____

- Scheduling difficulties other than called to work (*Please explain fully below.*)

Expected Exam Date _____

PART C

In order to expedite your request, please indicate (with an "X") for which Practical Exams you seek an extension and the date on which the respective Written Exam portion was passed.

Practical Exam Crane Type	Written Exam Date (mm/dd/yyyy)	For NCCCO Use ONLY
Mobile Crane Core		
<input type="checkbox"/> Lattice Boom (LBT and/or LBC)*		
<input type="checkbox"/> Telescopic Boom—Swing Cab (TLL)		
<input type="checkbox"/> Telescopic Boom—Fixed Cab (TSS)		
<input type="checkbox"/> Tower (TWR)		
<input type="checkbox"/> Overhead (OVR)		
<input type="checkbox"/> Articulating Boom Crane (ABC)		
<input type="checkbox"/> Articulating Boom Loader (ABL)		
<input type="checkbox"/> Rigger – Level I (RIG-I)		
<input type="checkbox"/> Rigger – Level II (RIG-II)		

**NOTE: For the Lattice Boom Specialty, if both Lattice Boom Truck (LBT) and Lattice Boom Crawler (LBC) Written Exams were taken and passed on different dates, please list the date which comes first.*

PART D

Your request for an extension has been:

Approved Denied

Additional Information

Office Use Only
Received Date _____ By _____
Response Date _____ By _____

Submit this form with supporting documentation to:
National Commission for the Certification of Crane Operators
2750 Prosperity Avenue, Suite 505, Fairfax, VA 22031-4312
(703) 560-2391 ♦ Fax (703) 560-2392