



# 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
<input type="checkbox"/> I AM REQUESTING TESTING ACCOMMODATIONS IN COMPLIANCE WITH THE AMERICAN WITH DISABILITIES ACT (ADA). (For details on NCCCO's Testing Accommodations policy, please see <a href="http://www.nccco.org/general/accommodations.html">http://www.nccco.org/general/accommodations.html</a> .)				

### 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—	652612	<input type="checkbox"/> Grove TLL
Swing Cab	652613	<input type="checkbox"/> Link-Belt TLL
<input type="radio"/> Telescopic Boom—	652616	<input type="checkbox"/> Manitex TSS
Fixed Cab	652650	<input type="checkbox"/> Broderson TSS
<input type="radio"/> Tower Crane	654601	
<input type="radio"/> Overhead Crane	653601	

#### WRITTEN EXAM/RETEST FEES

MOBILE CRANE EXAMS	
<input type="radio"/> Core Exam plus one Specialty Exam .....	\$165
<input type="radio"/> Core Exam plus two Specialty Exams.....	\$175
<input type="radio"/> Core Exam plus three Specialty Exams.....	\$185
<input type="radio"/> Core Exam plus four Specialty Exams.....	\$195
RETEST or ADDED SPECIALTY FEES	
<input type="radio"/> Core Exam only (Retest).....	\$165
<input type="radio"/> One Specialty Exam (Retest or Added Specialty).....	\$65
<input type="radio"/> Two Specialty Exams (Retest or Added Specialty) .....	\$75
<input type="radio"/> Three Specialty Exams (Retest or Added Specialty) .....	\$85
<input type="radio"/> Four Specialty Exams (Retest).....	\$95
TOWER CRANE EXAMS	
<input type="radio"/> Tower Crane Written Exam (new Candidate).....	\$165
<input type="radio"/> Tower Crane Written Exam (current NCCCO-certified Mobile Crane Operator, or new candidate taking exam same time as Mobile Crane exams) .....	\$50
OVERHEAD CRANE EXAMS	
<input type="radio"/> Overhead Crane Written Exam (new Candidate) .....	\$165
<input type="radio"/> Overhead Crane Written Exam (current NCCCO-certified Mobile Crane Operator, or new candidate taking exam same time as Mobile Crane exams).....	\$50
<b>TOTAL AMOUNT DUE .....</b>	<b>\$</b> <input style="width: 100px;" type="text"/>

#### OTHER FEES

- Candidate Late Fee (if applicable)..... \$50
- Incomplete Application Fee (if applicable)..... \$30
- Updated/Replacement Card .....

**ADD TO TOTAL AMOUNT AT RIGHT** →

# 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
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### METHOD OF PAYMENT FOR CANDIDATE EXAMINATION FEES

**Do not send cash.**

<input type="checkbox"/>		<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>Please do not staple your check or money order.</i>
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**If paying by credit card, complete the following information:**

CREDIT CARD NUMBER	EXPIRATION DATE
NAME (Print as it appears on card)	SIGNATURE (on card)
SECURITY CODE*	

\* Three- or four-digit security code located on the back of the card in the signature panel.

*Checks and money orders should be payable to: International Assessment Institute—Attention: CCO Testing*

*Please send application and payments to:*

International Assessment Institute—Attention: CCO Testing  
 600 Cleveland Street, Suite 900  
 Clearwater, Florida 33755  
 Phone: 727-449-8525  
 Fax: 727-461-2746