



# Candidate Recertification Application

## RIGGER/SIGNALPERSON

Please type or print neatly.

NAME		First	Middle	Last
NCCCO CERTIFICATION NUMBER (if currently 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
<input type="checkbox"/> I AM REQUESTING TESTING ACCOMMODATIONS IN COMPLIANCE WITH THE AMERICANS 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 TEST SITE # (contact Test Site Coordinator)		DATE YOU INTEND TO TEST (MM/DD/YYYY)		TEST SITE COORDINATOR

**Note:** Applications received without a Test Site Number will be marked incomplete and cannot be processed.

**FILL IN** the circles next to the exam(s) for which you are applying.

EXAM DESCRIPTION	EXAM FEES
<b>Recertification Exams (Signalperson and/or Rigger certified only):</b>	
<input type="radio"/> Rigger Level I Recertification Written Exam	<input type="radio"/> One Exam \$95
<input type="radio"/> Rigger Level II Recertification Written Exam	<input type="radio"/> Rigger Level I & Rigger Level II Exams* \$145
<input type="radio"/> Signalperson Recertification Practical Exam	<input type="radio"/> Rigger Level I & Signalperson Exams \$190
	<input type="radio"/> All Three Exams \$240
<b>Recertification Exams (current NCCCO-certified crane operators):</b>	
<input type="radio"/> Rigger Level I Recertification Written Exam	<input type="radio"/> One Exam \$50
<input type="radio"/> Rigger Level II Recertification Written Exam	<input type="radio"/> Two Exams \$100
<input type="radio"/> Signalperson Recertification Practical Exam	<input type="radio"/> Three Exams \$150
<b>Additional Exams (new certifications):</b>	
<input type="radio"/> Rigger Level I Written Exam (652801)	<input type="radio"/> One Exam \$50
<input type="radio"/> Rigger Level I Practical Exam	<input type="radio"/> Two Exams \$100
<input type="radio"/> Rigger Level II Written Exam (652802)	<input type="radio"/> Three Exams \$150
<input type="radio"/> Rigger Level II Practical Exam	<input type="radio"/> Four Exams \$200
<input type="radio"/> Signalperson Written Exam (652701)	
<input type="radio"/> Signalperson Practical Exam	
<b>Other Fees:</b>	
<input type="radio"/> Updated Certification Card .....	\$25
<input type="radio"/> Candidate Late Fee .....	\$50
<input type="radio"/> Incomplete Application Fee (see Candidate Handbook for details) .....	\$30
<b>TOTAL AMOUNT ENCLOSED (or amount to be charged to credit card) .....</b>	\$ <input style="width: 100px;" type="text"/>

\*To receive discounted pricing, Rigger Level I and Rigger Level II recertification exams must be taken at the same test administration.

# CANDIDATE RECERTIFICATION APPLICATION (CONT'D)




## RIGGER/SIGNALPERSON

*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, have read it, and understand and agree to be bound by all prevailing NCCCO policies and procedures.*

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
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NAME (Print as it appears on card)	SIGNATURE (on card)	SECURITY CODE*
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\* 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  
 4141 S. Highland Drive, Suite 225  
 Salt Lake City, Utah 84124  
 Phone: 727-449-8525  
 Fax: 801-938-9540

### CANDIDATE APPLICATION CHECKLIST

<input type="checkbox"/> I have completed and signed the <i>Candidate Application</i> . <input type="checkbox"/> I have provided credit card information or a check or money order for the correct amount.
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