



Recertification Application

WRITTEN EXAMINATION—MOBILE, TOWER, & OVERHEAD CRANE OPERATOR

Please type or print neatly.

NAME		First	Middle	Last
NCCCO CERTIFICATION NUMBER		DATE OF BIRTH		SOCIAL SECURITY #
MAILING ADDRESS		CITY		STATE ZIP
PHONE	CELL	FAX	E-MAIL	
COMPANY/ORGANIZATION			PHONE	
COMPANY MAILING ADDRESS		CITY		STATE ZIP

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

WRITTEN EXAMINATIONS FOR WHICH YOU ARE APPLYING

This application is for recertification only. You may ONLY recertify in the category(ies) in which you are currently certified. FILL IN the circle next to the crane type(s) for which you are applying for recertification. If you would like to take Additional Examinations for cranes that you are not currently certified on, then FILL IN the examinations of your choice and CHECK the load chart you want to use for that crane type.

EXAMINATIONS

RECERTIFICATION EXAMS		LOAD CHARTS
<input type="radio"/> Core Exam	652605	(Check one for each Specialty Exam)
<input type="radio"/> Lattice Boom Crawler	652625	<input type="checkbox"/> American LBC
	652608	<input type="checkbox"/> Manitowoc LBC
<input type="radio"/> Lattice Boom Truck	652611	<input type="checkbox"/> Link-Belt LBT
	652635	<input type="checkbox"/> Manitowoc LBT
<input type="radio"/> Telescopic Boom— Swing Cab	652614	<input type="checkbox"/> Grove TLL
	652645	<input type="checkbox"/> Link-Belt TLL
<input type="radio"/> Telescopic Boom— Fixed Cab	652656	<input type="checkbox"/> Manitex TSS
	652655	<input type="checkbox"/> Broderson TSS
<input type="radio"/> Tower Crane	654602	
<input type="radio"/> Overhead Crane	653602	

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

RECERTIFICATION EXAM FEES/RETEST FEES

- Mobile Core Exam plus one Specialty Exam \$150
- Mobile Core Exam plus two Specialty Exams \$155
- Mobile Core Exam plus three Specialty Exams \$160
- Mobile Core Exam plus four Specialty Exams \$165
- Tower Crane (only)..... \$150
- Tower Crane (with Mobile Crane)..... \$50
- Overhead Crane (only) \$150
- Overhead Crane (with Mobile Crane)..... \$50

- Mobile Core Exam only (Retest) \$150
- One Mobile Specialty Exam (Retest) \$50
- Two Mobile Specialty Exams (Retest)..... \$55
- Three Mobile Specialty Exams (Retest)..... \$60
- Four Mobile Specialty Exams (Retest)..... \$65

ADDITIONAL EXAM FEES*

(*ONLY for candidates adding to existing Mobile certifications; for candidates adding Mobile to Tower or Overhead certifications, use standard Written Exam Candidate Application form.)

- One Mobile Specialty Exam \$65
- Two Mobile Specialty Exams \$75
- Three Mobile Specialty Exams \$85
- Tower Crane Exam \$50
- Overhead Crane Exam \$50

- Candidate Late Fee (if applicable)..... \$50
- Incomplete Application Fee (if applicable)..... \$30

TOTAL AMOUNT DUE \$

CANDIDATE RECERTIFICATION 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 NCCCO EXAMINATION	

I do NOT have 1,000 hours of documented crane-related experience, and I must therefore take an NCCCO Practical Exam for each category in which I wish to be recertified.

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. I further affirm either that I have maintained at least 1,000 hours of crane-related experience in the past five years or, if I have not maintained this experience, I have checked the box above this panel indicating that before my certification expires I will take and pass a practical exam for each category in which I wish to be recertified.

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

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 due.
- I have attached a color passport photo (full face, no sunglasses, no hat). A digital photo may be substituted for a passport photo.

For additional information regarding ***recertification***, contact:

National Commission for the Certification of Crane Operators (NCCCO)		
2750 Prosperity Avenue, Suite 505	Phone: 703-560-2391	info@nccco.org
Fairfax, VA 22031	Fax: 703-560-2392	www.nccco.org

Attach Color
Passport Photo
Here

1-3/8" W x 1-3/4" H