

≡ NATIONWIDE ≡ CRANE TRAINING

CCO CERTIFIED CRANE OPERATOR BOOT CAMP SCHOOL

In order to be enrolled into this Certified Crane Operator Boot Camp School you must complete this enrollment package and fax it back to (877) 429-6287. **Classes are strictly limited to the first 5 candidates, so this is a "first come first served" basis.**

DATES: October 5-11, 2020

DURATION: 7 Days

HOURS: Class starts at 7:00 AM each day

LOCATION: Class, Exam & Practicals will be held at: **NATIONWIDE CRANE TRAINING**

19641 Seaton Ave., Perris, CA 92570

PLEASE NOTE: Candidates must wear safety goggles, safety vest and steel toed work boots or composite when operating the crane. Please dress comfortably for the classroom. Please bring a photo ID to present at time of the written exam.

THIS CLASS IS DESIGNED FOR THE OPERATOR WITH "NO" EXPERIENCE AND WHO WANTS TO DEVELOP THE BEST SKILLS TO BECOME AN NCCCO CERTIFIED CRANE OPERATOR.

The instructor for the class is **Willie Tubbs**, an NCCCO Practical Examiner. You are responsible for your own travel arrangements and accommodations. A list of local accommodations is included in this package. Nationwide Crane Training does not endorse nor has any affiliation with any of these local accommodations. We merely provide them as a courtesy. If you have any questions about anything, please do not hesitate to call.



Teri Drapeau
NATIONWIDE CRANE TRAINING
Teri@nationwidecranetraining.com
Office: (877) NCT-CRANE (628-2726)
Fax: (877) 429-6287
5650 Madras Street, Washoe Valley, NV 89704
NationwideCraneTraining.com

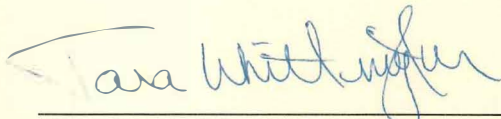


EDWOSB and WOSB

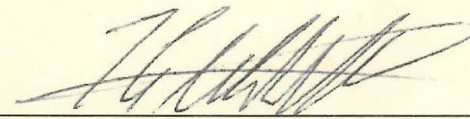
*The National Commission for the Certification of Crane Operators (NCCCO)
hereby recognizes*

Nationwide Crane Training

*as having successfully applied for listing in the
2020 NCCCO Training Providers Directory
with permission to use the NCCCO Marks consistent with NCCCO's policies*



Tara Whittington, Manager, Marketing



Thom Sickelsteel, Chief Executive Officer

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ENROLLMENT PACKAGES

You have enrolled into one of the finest Crane Training Schools available. Nationwide Crane Training sponsors the NCCCO, a nationally recognized leader in the Certification of Crane Operators. This class is strictly limited to the first five (5) candidates and is based on a first come first serve basis.

PACKAGE #1 (1 endorsement) \$ 5,500.00

New operators TSS (Small fixed cab Telescopic Boom Truck endorsement)

Please note: the TSS endorsement also includes the STC (service truck endorsement) and the BTF (Boom Truck endorsement). Three endorsements for the price of one.

PACKAGE #2 (1 endorsement) \$ 5,500.00

New operators TLL (Large swing cab Telescopic Boom Truck endorsement)

EACH OPERATOR ONE-ON-ONE PRACTICAL HANDS ON INSTRUCTION AND SKILL	\$ included
NCCCO PRACTICAL EXAM FEES	\$ included
NCCCO / IAI WRITTEN EXAM FEES	\$ included
STUDY / REFERENCE MATERIALS	\$ included

*****If you wish to take both crane exams cost is \$7500.00 and may be up to 7 days long**

- This is a 5-year NCCCO Certification
- Two Written Exams for each student: (Core + TSS or TLL)
- One Practical Exam for each student: (TSS or TLL)

This price covers all application fees, crane cads, crane rental, test weights, and practicals. This price does NOT cover any additional late application fees. This class is strictly limited to the first five (5) candidates, based on a first-come, first-serve. We hope that you find this quote satisfactory. If you have any questions, please call me or reply to this email.

Teri Drapeau

Teri@nationwidecranetraining.com

Office: (877) NCT-CRANE (628-2726)

Fax: (877) 429-6287

Cell: (951) 283-1110

NationwideCraneTraining.com

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ENROLLMENT INSTRUCTIONS

Please return the following pages to enroll:

MAKE SURE TO PRINT CLEARLY

- ✓ PROPOSAL ACKNOWLEDGEMENT & AGREEMENT FORM
- ✓ 2 PAGE SIGNED WRITTEN CANDIDATE APPLICATION
- ✓ 1 PAGE SIGNED PRACTICAL CANDIDATE APPLICATION

SEND via Email, Fax or Post

EMAIL: teri@nationwidecranetraining.com

FAX: 877-429-6287

MAILING ADDRESS:

NATIONWIDE CRANE TRAINING
c/o Teri Drapeau – Test Site Coordinator
5650 Madras Street
Washoe Valley, Nevada 89704

****All applications must include payment or will be considered incomplete and will not be processed. Applications are received on a first come first served basis with limited seating of 5 candidates allowed.*

If you have enrolled but are unable to attend, please submit a letter on company letterhead to your Test Site Coordinator with an explanation within 10 days of the exam date. You have up to one year to reschedule your exam, at which time a \$25 fee will be due. If you do not reschedule within 12 months, all exam fees will be forfeited. If you decide you no longer wish to take the test, no refunds will be granted. If you have any questions please call your Nationwide Crane Training specialist at (877) 628-2726.

“We hope you find this class a rewarding experience and wish you the best of luck in your efforts.”

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PROPOSAL ACKNOWLEDGEMENT & AGREEMENT FORM

{1} I, _____ representing _____,
{Name}
{Company}

{a} I / we agree to the pricing of the proposed class on page one and to the terms of this agreement stated below.
 {2} I / we agree to pay 100% of the proposed class fees up front to secure desired class date. Practical Score Sheets will not be submitted until balance is paid in full and not beyond 30 days or practicals will become null and void (rules of the NCCCO). Special payment arrangements can be arranged {3} Since each class is based on only 5 candidates all fees are non-refundable. {4} Myself as an individual candidate, or I representing the company as to whom the training is being provided for its employees, attest that I / we currently do and will adhere to all NCCCO guidelines, OSHA Regulations, ASME Standards, and any other Federal, State and local laws regarding the certification process and the physical requirements and substance abuse testing of crane operators. {5} I / we understand that we will be charged an additional \$500 for any Instructor Classroom Manual not returned. {6} By signing this proposal you agree to the terms of this proposal and have read our "Guarantees and Disclaimer Policy". I / we also release all liabilities to Nationwide Crane Training for any errors and omissions in the training, and for any future idents / accidents that may occur OR mother nature.

CO.CHK# _____ P.O# _____ / Payable Date: _____

NAME ON CREDIT CARD: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CREDIT CARD # _____ EXP: _____ CVC # / 3 DIGIT _____

Print name of Card Holder/Title	Signature of Card Holder	Date
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CONTACT NAME: _____ PHONE NUMBER: _____

EMAIL ADDRESS: _____ CELL PHONE FOR EMERGENCIES: _____

BACKUP CONTACT NAME: _____ PHONE NUMBER: _____

SHIPPING ADDRESS for NCCCO Cards: _____

NUMBER OF CANDIDATES ENROLLING: _____

EXAMS TAKING: (please circle which exam and how many) CORE ____ TSS ____ TLL ____ QRS ____

PLEASE MAKE PAYMENT TO: NATIONWIDE CRANE TRAINING

PLEASE FAX OR EMAIL ALL PAPERWORK TO: teri@nationwidecranetraining.com FAX: 877-429-6287



Candidate Application

WRITTEN EXAMINATION—MOBILE, TOWER & OVERHEAD CRANE OPERATOR (PAPER/PENCIL TESTS ONLY)

✓ **Please type or print neatly. All fields marked with an asterisk (*) must be completed or application will be considered incomplete.**

FULL LEGAL NAME <small>(as shown on driver's license)</small>		FIRST*	Middle	LAST*	Suffix (Jr., Sr., III)	
CCO CERTIFICATION NUMBER (if previously certified)		DATE OF BIRTH*		CANDIDATE ID: <small>(if previously tested)</small>		
PERSONAL MAILING ADDRESS*			CITY*	STATE*	ZIP*	COUNTRY USA
HOME PHONE	CELL PHONE*		CANDIDATE EMAIL* (PERSONAL EMAIL UNIQUE TO CANDIDATE)			
COMPANY/ORGANIZATION				PHONE		
COMPANY MAILING ADDRESS			CITY	STATE	ZIP	COUNTRY USA
<input type="checkbox"/> I AM REQUESTING TESTING ACCOMMODATIONS IN COMPLIANCE WITH THE AMERICAN WITH DISABILITIES ACT (ADA). <i>(For details on NCCCO's Testing Accommodations policy, please see www.nccco.org/accommodations.)</i>						

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 checked="" type="checkbox"/> Mobile Core Exam	652603	<small>(Check one for each Specialty Exam)</small>	
<input type="checkbox"/> Lattice Boom Crawler (LBC)	652620	<input type="checkbox"/> Terex/American	<input type="checkbox"/> Manitowoc
<input type="checkbox"/> Lattice Boom Truck (LBT)	652609	<input type="checkbox"/> Link-Belt	<input type="checkbox"/> Manitowoc
<input type="checkbox"/> Telescopic Boom—Swing Cab (TLL)	652612	<input checked="" type="checkbox"/> Grove (Truck Mount)	<input type="checkbox"/> Link-Belt (Rough Terrain)
	652613	<input type="checkbox"/> National (Boom Truck)	
<input type="checkbox"/> Telescopic Boom—Fixed Cab (TSS)	652616	<input checked="" type="checkbox"/> Manitex (Boom Truck)	<input type="checkbox"/> Shuttlelift (Carry Deck)
	652660	<input type="checkbox"/> Shuttlelift (Carry Deck)	

WRITTEN EXAM/RETEST FEES

MOBILE CRANE OPERATOR EXAMS	
<input type="checkbox"/> Core Exam	\$160
<input type="checkbox"/> Core Exam plus one Specialty Exam	\$180
<input type="checkbox"/> Core Exam plus two Specialty Exams	\$200
<input type="checkbox"/> Core Exam plus three Specialty Exams	\$220
<input type="checkbox"/> Core Exam plus four Specialty Exams	\$240
<input type="checkbox"/> One Specialty Exam	\$75
<input type="checkbox"/> Two Specialty Exams	\$95
<input type="checkbox"/> Three Specialty Exams	\$115
<input type="checkbox"/> Four Specialty Exams	\$135
<hr/>	
TOWER CRANE OPERATOR EXAM	
<input type="checkbox"/> Tower Crane Operator Written Exam	\$180
<hr/>	
OVERHEAD CRANE OPERATOR EXAM	
<input type="checkbox"/> Overhead Crane Operator Written Exam	\$180
<hr/>	
OTHER FEES	
<input type="checkbox"/> Candidate Late Fee (if applicable)	\$50
<input type="checkbox"/> Incomplete Application Fee (if applicable)	\$30
<hr/>	
TOTAL AMOUNT DUE	\$ <input style="width: 100px;" type="text"/>

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 NCT-RIVERSIDE		TEST SITE COORDINATOR NAME* Teri Drapeau	
TEST SITE ADDRESS 19641 SEATON AVE			
CITY PERRIS	STATE CA	ZIP 92570	COUNTRY USA
TEST ADMINISTRATION NUMBER*		TEST DATE* Friday October 11, 2020	

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 expressly consent to NCCCO's release of any information consistent with NCCCO's Information Release policy. I have read the NCCCO Candidate Handbook and agree to be bound by all NCCCO policies and procedures—including NCCCO's substance abuse policy—as they may be amended from time to time, including without limitation those posted at nccco.org. I understand that if at any point during my certification period I fail to meet any of the requirements outlined above, or if matters arise that can affect my capability to continue to fulfill certification requirements, I must report it to NCCCO immediately and agree to cooperate with any subsequent investigation regarding such matters.




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✓ CANDIDATE SIGNATURE*

DATE*

METHOD OF PAYMENT FOR CANDIDATE EXAMINATION FEES

Do not send cash.


 
 
 Personal check enclosed
 Employer check enclosed
 Money Order enclosed
 Please do not staple your check or money order.

If paying by credit card, complete the following information:

CREDIT CARD NUMBER N A T I O N W I D E | C R A N E EXPIRATION DATE

NAME (Print as it appears on card) Teri Drapeau SIGNATURE (on card) On File SECURITY CODE
(Three- or four-digit code located on the card.)

If using company credit card, provide company name: Nationwide Crane Training

Email credit card receipt to: teri@nationwidecranetraining.com

Checks and money orders should be payable to: Nationwide Crane Training

Please contact your Test Site Coordinator for instructions on where to submit written exam applications. If instructed to submit directly to NCCCO, please send application and payment to:

Nationwide Crane Training
5650 Madras St., Washoe Valley, NV 89704
Ofc: 877-628-2726
Fax: 877-429-6287
Email: teri@nationwidecranetraining.com



Candidate Application

PRACTICAL EXAMINATION—MOBILE, TOWER, & OVERHEAD CRANE OPERATOR

✓ **Please type or print neatly. All fields marked with an asterisk (*) must be completed or application will be considered incomplete.**

FULL LEGAL NAME <small>(as shown on driver's license)</small>		FIRST*	Middle	LAST*	Suffix (Jr., Sr., III)
CCO CERTIFICATION NUMBER (if previously certified)		DATE OF BIRTH*		CANDIDATE ID: <small>(if previously tested)</small>	
PERSONAL MAILING ADDRESS*					
CITY*		STATE*	ZIP*	COUNTRY USA	
HOME PHONE	CELL PHONE*		CANDIDATE EMAIL* (PERSONAL EMAIL UNIQUE TO CANDIDATE)		
COMPANY/ORGANIZATION				PHONE	
COMPANY MAILING ADDRESS					
CITY		STATE	ZIP	COUNTRY USA	

INDICATE WITH A CHECK THE CRANE TYPE(S) YOU WISH TO BE TESTED ON*:

- Lattice Boom Crane
- Telescopic Boom Crane—Swing Cab (TLL): Testing on a boom truck? Yes No
- Telescopic Boom Crane—Fixed Cab (TSS): Testing on a boom truck? Yes No

TEST SITE AT WHICH YOU INTEND TO TAKE THE PRACTICAL EXAMINATION

TEST SITE COORDINATOR NAME*		PE SITE #:*
Teri Drapeau		4691
PHONE	EMAIL	
877-628-2726	teri@nationwidecranetraining.com	
TEST SITE ADDRESS		
19641 SEATON AVE		
CITY	STATE	ZIP
PERRIS	CA	92570
		COUNTRY
		USA

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 expressly consent to NCCCO's release of any information consistent with NCCCO's Information Release policy. I have read the NCCCO Candidate Handbook and agree to be bound by all NCCCO policies and procedures—including NCCCO's substance abuse policy—as they may be amended from time to time, including without limitation those posted at nccco.org. I further attest that I am physically and mentally capable of safely operating equipment and/or performing the tasks described in the Candidate Handbook on the day of the Practical Exam. I understand and agree that any personal injury and/or property damage resulting from or caused in any way by my participation in the CCO Practical Examination is not and shall not be the responsibility of NCCCO. I understand that if at any point during my certification period I fail to meet any of the requirements outlined above, or if matters arise that can affect my capability to continue to fulfill certification requirements, I must report it to NCCCO immediately and agree to cooperate with any subsequent investigation regarding such matters.

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✓ **CANDIDATE SIGNATURE***

DATE*