

≡ NATIONWIDE ≡ CRANE TRAINING

CCO CERTIFIED CRANE OPERATOR CLASS & QUALIFIED RIGGER/SIGNALPERSON

HOSTED BY: NATIONWIDE CRANE TRAINING & CARLSON CRANE

In order to be enrolled into the CCO Certification class offering the exam, you must fill out and fax all requested information in this package, including the signed proposal and credit card information. Fax to (877) 429-6287. **Classes are strictly limited to the first 10 candidates.** The enrollment deadline is Tuesday September 15, 2020

Des Moines, IA Class Information:

CCO DATES: 5 day class starts at 7:00 am

- Friday, September 25, 2020 to Monday, September 28, 2020
- Exam Tuesday, September 29, 2020 (8:00 am sharp)

QRS DATES: 1 day class (app 6 hours)

- Tuesday, September 29, 2020 (after CCO written exams) Start time apx 10:00 am

LOCATION:

- Class Conference and Exam to be held at:
Nationwide - Carlson Crane
2661 NE 46th street, Des Moines, Iowa 50313
- Practicals Exam to be held at: *Please do not bother business prior to scheduled exams=
Nationwide – Carlson Crane (Des Moines Welding building)
2661 NE 46th Ave, Des Moines, Iowa 50313

PLEASE NOTE: Candidates should dress comfortably. Please bring photo ID to present at time of written exam.

You are responsible for your own accommodations and travel.



Teri Drapeau

Teri@nationwidecranetraining.com

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

Fax: (877) 429-6287

5650 Madras Street, Washoe Valley, NV 89704

NationwideCraneTraining.com

WOMEN[®]
OWNED

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ENROLLMENT PROPOSAL

We **GUARANTEE** candidates will pass their written exam. There is limited seating for this class, so please submit your application. Practicals offered are: Small-Fixed & Large-Swing & Lattice Crawler.

CCO CANDIDATES

FOUR DAY WRITTEN PREP CLASS (5th day EXAM) **NEW** CANDIDATE \$ 1,850.00 each
****Price includes 1 written exam & 1 practical of small or large or Lattice*

FOUR DAY WRITTEN PREP CLASS (5th day EXAM) **RECERT** CANDIDATE \$ 850.00 each
****Price includes any and all written exams. NO practicals for Recert.*

Practical Retest *after taking practical & everyone has had a chance (including IAI fees) \$ 270.00

CCO Practical Exam (Small or Large or Lattice) \$ included

NCCCO / IAI FEES (Exam Fees – 1 written/1 practical) \$ included

****Additional endorsement & written exams* \$ 500.00 each

(example: If wanting to take LBC + TLL + TSS total cost would be \$1850 + \$500 + \$500 = \$2850)

STUDY MATERIALS \$ included

QRS CANDIDATES

QRS (Qualified Rigger Signalperson) class

Enrolled into NCCCO Crane Class \$ 250.00 each

Not enrolled into NCCCO Crane Class \$ 500.00 each

-
- This is a 5-year NCCCO Certification
 - One Written Exam for each candidate
 - One Practical Exam for each candidate
 - QRS Certificate of Completion, QRS Photo ID Card
 - **Please note: The TSS endorsement includes the STC & BTF (Service Truck & Boom Truck endorsement)

This price covers all application fees, NCT travel 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 ten candidates or the enrollment deadline of Tuesday, September 15, 2020 whichever=comes first.** We hope that you find this quote satisfactory. If you have any questions, please call me or reply to this email.

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GUARANTEE AND DISCLAIMER

GUARANTEE:

1. Nationwide Crane Training guarantees that you will pass your WRITTEN EXAMS after attending one of our WRITTEN PREP classes.

This is a Nationwide Crane Training guarantee and is only valid on your test administrations. This guarantee is solely the responsibility of Nationwide Crane Training. The NCCCO is not associated with, nor responsible for this guarantee. See disclaimer below.

2. Nationwide Crane Training does not guarantee that anyone can or will pass the PRACTICAL EXAM. See disclaimer.

3. Nationwide Crane Training guarantee is for operators with crane related experience.

4. If you fail, you are only required to pay all IAI fees, for the next written exam at any future Nationwide Crane Training classes. Your travel fees will NOT be reimbursed or paid by Nationwide Crane Training. See disclaimer below.

PLEASE NOTE: PASSING THE WRITTEN EXAMS DOES NOT QUALIFY ANYONE AS A CRANE OPERATOR, AND THAT THE CANDIDATE MUST ALSO PASS THE PRACTICAL EXAMS TO RECEIVE CERTIFICATION. EVEN WITH THE NCCCO CERTIFICATION, THIS DOES NOT IMPLY OR QUALIFY A CANDIDATE AS AN EXPERIENCED OPERATOR.

DISCLAIMER:

The following will disqualify anyone and will void "Guarantee":

1. The test candidate is unable to comprehend, speak, read or write in English. This is a non-discriminatory remark, as the NCCCO only allows the test to be administered in English.

2. The test candidate is unable to comprehend or perform basic math skills, basic technical terms and diagrams/charts. Throughout the prep course, the instructor will monitor the candidate and will be able to determine his/her progress.

3. If there are any fees due, which are unpaid at the time of the written exam.

4. If the candidate repeatedly leaves the class, and / or does not sit for the entire length of the class.

5. If candidate is asked to leave the class due to being under the influence of drugs and / or alcohol or is being disruptive and not participating.

6. This guarantee of class time is limited to two (2) attempts and failures at any portion of the written exam. After two attempts, all expenses will be required to be paid in full by the candidate or who is sponsoring the candidate(s).

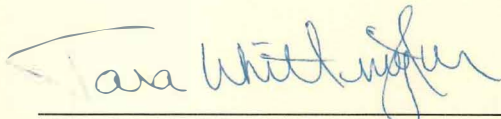
7. The NCCCO has no obligations to this guarantee.

8. This is a NCCCO prep class ONLY, to be a certified crane operator. To be a qualified crane operator is up to your employer to qualify you per (ASME B30.5-2014 Section 5-3.1 Qualifications and Responsibility)

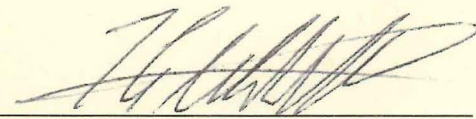
*The National Commission for the Certification of Crane Operators (NCCCO)
hereby recognizes*

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 INSTRUCTIONS

Please return the following pages to enroll: **MAKE SURE TO PRINT CLEARLY**

- ✓ PROPOSAL ACKNOWLEDGEMENT & AGREEMENT FORM
- ✓ 2 PAGE SIGNED WRITTEN CANDIDATE APPLICATION (New CCO or Recert)
- ✓ 1 PAGE SIGNED PRACTICAL CANDIDATE APPLICATION
- ✓ EXPERIENCE SHEET
- ✓ QRS APPLICATION (If taking the QRS class)

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 10 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.”



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 type="radio"/> Mobile Core Exam	652603	(Check one for each Specialty Exam)
<input type="radio"/> Lattice Boom Crawler (LBC)	652620	<input type="checkbox"/> Terex/American <input type="checkbox"/> Manitowoc
<input type="radio"/> Lattice Boom Truck (LBT)	652609	<input type="checkbox"/> Link-Belt <input type="checkbox"/> Manitowoc
<input type="radio"/> Telescopic Boom—Swing Cab (TLL)	652612	<input type="checkbox"/> Grove (Truck Mount)
	652613	<input type="checkbox"/> Link-Belt (Rough Terrain)
	652618	<input type="checkbox"/> National (Boom Truck)
<input type="radio"/> Telescopic Boom—Fixed Cab (TSS)	652616	<input type="checkbox"/> Manitex (Boom Truck)
	652660	<input type="checkbox"/> Shuttlelift (Carry Deck)
<input type="radio"/> Tower Crane	654601	
<input type="radio"/> Overhead Crane	653601	

*****We only use the Manitowoc, Grove and Manitex load chart for open enrollment**

WRITTEN EXAM/RETEST FEES

MOBILE CRANE OPERATOR EXAMS	
<input type="radio"/> Core Exam	\$160
<input type="radio"/> Core Exam plus one Specialty Exam	\$180
<input type="radio"/> Core Exam plus two Specialty Exams	\$200
<input type="radio"/> Core Exam plus three Specialty Exams	\$220
<input type="radio"/> Core Exam plus four Specialty Exams	\$240
<input type="radio"/> One Specialty Exam	\$75
<input type="radio"/> Two Specialty Exams	\$95
<input type="radio"/> Three Specialty Exams	\$115
<input type="radio"/> Four Specialty Exams	\$135
TOWER CRANE OPERATOR EXAM	
<input type="radio"/> Tower Crane Operator Written Exam	\$180
OVERHEAD CRANE OPERATOR EXAM	
<input type="radio"/> Overhead Crane Operator Written Exam	\$180
OTHER FEES	
<input type="radio"/> Candidate Late Fee (if applicable)	\$50
<input type="radio"/> Incomplete Application Fee (if applicable)	\$30
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-CARLSON 320-001		TEST SITE COORDINATOR NAME* Teri Drapeau	
TEST SITE ADDRESS 2661 NE 46th Ave			
CITY Des Moines	STATE Iowa	ZIP 50317	COUNTRY USA
TEST ADMINISTRATION NUMBER*		TEST DATE* Tuesday September 29 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



Recertification 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		FIRST*	Middle	LAST*	Suffix (Jr., Sr., III)	
(as shown on driver's license)						
CCO CERTIFICATION NUMBER*		DATE OF BIRTH*		CANDIDATE ID: (if previously tested)		
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 AMERICANS WITH DISABILITIES ACT (ADA). (For details on NCCCO's Testing Accommodations policy, please see http://www.nccco.org/accommodations)						

WRITTEN EXAMINATIONS FOR WHICH YOU ARE APPLYING

This application is for recertification only. You may **ONLY** recertify for the designation(s) 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 (LBC) 652625 652608	<input type="checkbox"/> Terex/American <input type="checkbox"/> Manitowoc
<input type="radio"/> Lattice Boom Truck (LBT) 652611 652635	<input type="checkbox"/> Link-Belt <input type="checkbox"/> Manitowoc
<input type="radio"/> Telescopic Boom— Swing Cab (TLL) 652614 652645 652646	<input type="checkbox"/> Grove (Truck Mount) <input type="checkbox"/> Link-Belt (Rough Terrain) <input type="checkbox"/> National (Boom Truck)
<input type="radio"/> Telescopic Boom— Fixed Cab (TSS) 652656 652665	<input type="checkbox"/> Manitex (Boom Truck) <input type="checkbox"/> Shuttlelift (Carry Deck)
<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 (LBC) 652620 652607	<input type="checkbox"/> Terex/American <input type="checkbox"/> Manitowoc
<input type="radio"/> Lattice Boom Truck (LBT) 652609 652610	<input type="checkbox"/> Link-Belt <input type="checkbox"/> Manitowoc
<input type="radio"/> Telescopic Boom— Swing Cab (TLL) 652612 652613 652618	<input type="checkbox"/> Grove (Truck Mount) <input type="checkbox"/> Link-Belt (Rough Terrain) <input type="checkbox"/> National (Boom Truck)
<input type="radio"/> Telescopic Boom— Fixed Cab (TSS) 652616 652660	<input type="checkbox"/> Manitex (Boom Truck) <input type="checkbox"/> Shuttlelift (Carry Deck)
<input type="radio"/> Tower Crane 654601	
<input type="radio"/> Overhead Crane 653601	

RECERTIFICATION EXAM FEES/RETEST FEES

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

***We only use the Manitowoc, Grove and Manitex load chart for open enrollment

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 NCT-CARLSON 320-001		TEST SITE COORDINATOR NAME* Teri Drapeau	
TEST SITE ADDRESS 2661 NE 46th Ave			
CITY Des Moines	STATE Iowa	ZIP 50317	COUNTRY USA
TEST ADMINISTRATION NUMBER*		TEST DATE* Tuesday September 29, 2020	

Do you have 1,000 hours of documented crane-related experience during your current certification period?*

- Yes, and I understand that NCCCO may, at any time, request documentation to be provided in order to verify my experience, and if such documentation is not provided my certification may be impacted.
- No, and I understand I must take and pass the practical exam(s) prior to my expiration date.

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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<input checked="" type="checkbox"/> 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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">N</td><td style="width: 10%;">A</td><td style="width: 10%;">T</td><td style="width: 10%;">I</td><td style="width: 10%;">O</td><td style="width: 10%;">N</td><td style="width: 10%;">W</td><td style="width: 10%;">I</td><td style="width: 10%;">D</td><td style="width: 10%;">E</td><td style="width: 10%;">C</td><td style="width: 10%;">R</td><td style="width: 10%;">A</td><td style="width: 10%;">N</td><td style="width: 10%;">E</td> </tr> </table>	N	A	T	I	O	N	W	I	D	E	C	R	A	N	E	EXPIRATION DATE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				
N	A	T	I	O	N	W	I	D	E	C	R	A	N	E								
NAME (Print as it appears on card) Teri Drapeau	SIGNATURE (on card) On File	SECURITY CODE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p style="font-size: small; text-align: center;">(Three- or four-digit code located on the card.)</p>																			

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 Street
 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*:

- | | |
|---|---|
| <input type="checkbox"/> Lattice Boom Crane | <input type="checkbox"/> Tower Crane |
| <input type="checkbox"/> Telescopic Boom Crane—Swing Cab (TLL): Testing on a boom truck? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Overhead Crane |
| <input type="checkbox"/> Telescopic Boom Crane—Fixed Cab (TSS): Testing on a boom truck? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

TEST SITE AT WHICH YOU INTEND TO TAKE THE PRACTICAL EXAMINATION

TEST SITE COORDINATOR NAME*		PE SITE #:*
Teri Drapeau		
PHONE	EMAIL	
877-628-2726	teri@nationwidecranetraining.com	
TEST SITE ADDRESS		
2661 NE 46th Ave		
CITY	STATE	ZIP
Des Moines	Iowa	50317
		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*

CANDIDATE APPLICATION (CONT'D)

PRACTICAL EXAMINATION—MOBILE, TOWER, & OVERHEAD CRANE OPERATOR

CCO CERTIFICATION CARD

***Instructor will take photo during exam to submit

Candidates who meet all the requirements for certification in any one designation are issued a certification card at no charge. As certificants add additional designations, updated cards are issued at no additional charge. Replacement cards are available for an additional fee; order online at nccco.org/newcard.

Please provide your Test Site Coordinator with a digital color photo (without hat or sunglasses) and your full name and birth date.

Alternatively, a 1 3/8" x 2" color passport photo may be substituted for a digital photo; if submitting a passport photo, please give it to your Test Site Coordinator, do not mail it directly to NCCCO.

PRACTICAL EXAMINATION FEES

Checks and money orders must be made payable to NCCCO. Credit cards (Visa, Master Card, or American Express) may be used by completing the credit card information below.




Check the box(es) next to the Practical Exam type(s) for which you are registering.

Practical Examination Fees:

- One Mobile Crane type: \$70
- Two Mobile Crane types: \$90
- Three Mobile Crane types: \$110
- Tower Crane only: \$70
- Overhead Crane only: \$70
- Incomplete application fee (if applicable): \$30

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	N A T I O N W I D E C R A N E	EXPIRATION DATE	
NAME (Print as it appears on card)	SIGNATURE (on card)	SECURITY CODE	
Teri Drapeau	On File	(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@nationwide crane training.com

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

Do not send this application to NCCCO. Give this application, along with payment and all necessary documentation, to your Test Site Coordinator on test day.

EXPERIENCE OF CRANE OPERATORS

PLEASE HAVE EACH CANDIDATE TAKE THE TIME TO FILL THIS QUESTIONNAIRE, AS IT WILL HELP US JUDGE HOW MUCH TIME WILL BE NEEDED TO PERFORM PRACTICALS.

TYPICALLY, WITH EXPERIENCED OPERATORS WILL ONLY TAKE APPROXIMATELY 10 TO 45 MINUTES TO PERFORM EACH PRACTICAL.

WITH NEW OR UNEXPERIENCED OPERATORS, THERE IS A LOT INVOLVED. OUR INSTRUCTORS WILL TEACH THE FUNDAMENTALS OF “CATCHING THE LOAD”.

IF THE CANDIDATE HAS POTENTIAL AND HAS THE FINESSE IN OPERATING, THE ESTIMATED TIME PER PRACTICAL IS APPROXIMATELY 45 MINUTES TO AN HOUR AND A HALF.

IF THE CANDIDATE DOES NOT HAVE THE POTENTIAL AND THE FINESSE, WE WILL TEACH THE FUNDAMENTALS, BUT DO NOT WANT TO EXCEED THE ALLOTTED TIME AS IT WILL CUT INTO THE TIME REQUIRED TO PERFORM OTHER CANDIDATES PRACTICALS.

CANDIDATE NAME: _____

THE TYPE OF CRANE YOU OPERATE AND HOW MANY YEARS EXPERINCE:

√	<u>SMALL TELESCOPIC / FIXED CAB</u>	<u>YEARS EXPERIENCE</u>
	BOOM TRUCK {FRONT OR REAR MOUNT} NATIONAL, MANITEX, RO, PIONEER, ALTEC, ETC	
	RT {CAB IS IN FRONT OF BOOM} GALLION, P & H, LORAIN, ETC	
	CARRY DECK GROVE YARD BOSS / SHUTTLELIFT, ETC	
	<u>LARGE TELESCOPIC / SWING CAB</u>	
	RT GROVE, LINKBELT, LORAIN, P & H, TEREX, ETC	
	TRUCK MOUNTED GROVE, LINKBELT, TEREX, LIEBHERR, ETC	
	<u>LATTICE BOOM TRUCK CRANE</u>	
	P & H, AMERICAN, LINKBELT, BAY CITY, MANITOWOK, ETC	
	<u>LATTICE CRAWLER</u>	
	MANITOWOK, LINKBELT, AMERICAN, ERIE BUCYRUS, ETC	

<u>GENERAL QUESTIONS</u>	<u>YES</u>	<u>NO</u>
CAN YOU SWING AND CONTROL THE LOAD AT THE SAME TIME?		
CAN YOU BOOM UP OR DOWN AND CONTROL THE LOAD?		
CAN YOU GO FROM ONE MACHINE TO ANOTHER BE ABLE TO OPERATE IT?		
DO YOU KNOW HOW TO “CATCH THE LOAD”?		
DO YOU KNOW HOW TO CATCH A CIRCULAR SWING ON THE LOAD?		
DO YOU KNOW WHAT “CRACKING THE VALVE” MEANS & SOUNDS LIKE?		
DO YOU KNOW HOW TO “FEATHER” THE CONTROLS?		
DO YOU KNOW HOW TO RUN A FRICTION LATTICE & HOW TO DOG IT?		
DO YOU KNOW HOW TO PROPERLY ENGAGE & DISENGAGE THE PTO?		
DO YOU KNOW HOW TO USE LEVER ACTION CONTROLS?		
DO YOU KNOW HOW TO USE FINGER TIP CONTROLS?		
DO YOU KNOW HOW TO USE JOY STICK / PILOT CONTROLS?		
EVER DO ANY MAN BASKET OPERATIONS?		
EVER STAND A POLE, COLUMN, OR VERTICAL TANK FROM THE HORIZONTAL?		
EVER PICK AND CARRY A LOAD?		
EVER SKIP CONCRETE, USE A DEMOLITON-WRECKING BALL OR CLAM BUCKET?		



NATIONWIDE CRANE TRAINING

QUALIFIED RIGGER & SIGNALPERSON APPLICATION

NAME: First	Middle	Last
Mailing Address		
City	State	Zip
Phone	Email	
Company	Contact Name	
Mailing Address	Phone Number	

Examination (s) for which you are applying (Please fill in the circle next to the type)

Attending NCCCO Class

QRS.....\$250.00

Not attending NCCCO Class

QRS.....\$500.00

TEST SITE INFORMATION

TOTAL TO CHARGE

\$

Test Site Name NCT-Carlson 320	Test Site Coordinator Teri Drapeau	
Test Site Address 2661 NE 46th Ave		
City Des Moines	State Iowa	Zip Code 50317
Date and Time of Class Tuesday September 29, 2020 @ 11:00am		

METHOD OF PAYMENT FOR CANDIDATE FEES

				<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
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Cashiers Check/ Money Order Enclosed Company Check Enclosed exp SECURITY CODE

Billing Address		
City	State	Zip Code
NAME (Print as it appears on card)	SIGNATURE (on card)	

Please send application and payments made payable to:

NATIONWIDE CRANE TRAINING.—Attn: Administrations
5650 Madras Street * Washoe Valley * Nevada * 89704
Ofc: 877-628-2726 Fax: 877-429-6287