



# CANDIDATE APPLICATION (NEW & RECERT)

WRITTEN & PRACTICAL EXAMS OR QUALIFIED RIGGER & SIGNALPERSON APPLICATION  
MOBILE CRANE, SERVICE TRUCK & ARTICULATING 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<br><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 EMAIL* (PERSONAL EMAIL UNIQUE TO CANDIDATE) |                        |                       |
| PERSONAL MAILING ADDRESS*  |             |                | CITY*  | STATE*  | ZIP*                   | COUNTRY<br><b>USA</b> |
| HOME PHONE   | CELL PHONE* |                |        |   |                        |                       |
| COMPANY/ORGANIZATION   |             |                |        | PHONE   |                        |                       |
| COMPANY MAILING ADDRESS  |             |                | CITY   | STATE   | ZIP                    | COUNTRY<br><b>USA</b> |

## EXAMINATION(S) FOR WHICH YOU ARE APPLYING

### WRITTEN & PRACTICAL EXAMS\*

|                                       |                |
|---------------------------------------|----------------|
| Mobile Core Exam                      |                |
| .....                                 | Written Exam   |
| Lattice Boom Crawler (LBC)            | Practical Exam |
| .....                                 | Written Exam   |
| Lattice Boom Truck (LBT)              | Practical Exam |
| .....                                 | Written Exam   |
| Telescopic Boom—Swing Cab (TLL)       | Practical Exam |
| .....                                 | Written Exam   |
| Telescopic Boom—Fixed Cab (TSS)       | Practical Exam |
| .....                                 | Written Exam   |
| Service Truck Crane (STC)             | Practical Exam |
| .....                                 | Written Exam   |
| Articulating Boom Crane (ABC)         | Practical Exam |
| .....                                 | Written Exam   |
| Articulating Boom Crane w/Winch (ABW) | Practical Exam |
| .....                                 | Written Exam   |
| Articulating Boom Loader (ABL)        | Practical Exam |

### WRITTEN & PRACTICAL EXAM/RETEST FEES

#### MOBILE CRANE OPERATOR EXAMS

|  |        |
|--|--------|
| Core Exam (Only) .....                     | \$ 120 |
| Core Exam plus one Specialty Exam .....    | \$ 180 |
| Core Exam plus two Specialty Exams .....   | \$ 240 |
| Core Exam plus three Specialty Exams ..... | \$ 300 |
| Core Exam plus four Specialty Exams .....  | \$ 360 |
| One Specialty Exam .....                   | \$ 60  |
| Two Specialty Exams .....                  | \$ 120 |
| Three Specialty Exams .....                | \$ 180 |
| Four Specialty Exams .....                 | \$ 240 |

#### PRACTICAL EXAM

|   |       |
|---|-------|
| Each Practical Exam .....   | \$ 60 |
| How many are you taking <input style="width: 50px;" type="text"/> |       |

#### SERVICE TRUCK CRANE OPERATOR EXAM

|                                 |        |
|---------------------------------|--------|
| Service Truck Written Exam..... | \$ 180 |
|---------------------------------|--------|

#### ARTICULATING CRANE OPERATOR EXAM

|   |        |
|---|--------|
| Articulating Boom Crane Written Exam..... | \$ 180 |
|---|--------|

#### OTHER FEES

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

**TOTAL AMOUNT DUE** .....\$

## QUALIFIED RIGGER & SIGNALPERSON FEES

### ARE YOU TAKING THE QRS CLASS?

Yes

No

QRS + Attending NCCCO Class .....\$ ~~500~~ **\$250**

QRS + Not Attending NCCCO Class .....\$ 500

**TOTAL AMOUNT DUE** .....\$

MEETS OSHA  
REQUIREMENTS  
FOR **QUALIFIED**  
RIGGER OR  
SIGNALPERSON

### ARE YOU A RECERT CANDIDATE? \*

Yes

No

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

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, or other sanctions. 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, and I expressly consent to NCCCO's Privacy Policy as set forth on the NCCCO website. 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 agree to cooperate with any NCCCO investigations and further agree that any legal proceeding arising out of or in any way relating to my NCCCO certification(s) shall be commenced in the state of Virginia and irrevocably submit to, and waive any objections to, such exclusive jurisdiction and venue. 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.*

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CANDIDATE SIGNATURE\*

DATE\*

