



CANDIDATE APPLICATION

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

EXAMINATION(S) FOR WHICH YOU ARE APPLYING

WRITTEN & PRACTICAL EXAMS*

Mobile Core Exam	
.....	
Telescopic Boom—Swing Cab (TLL)	Written Exam
	Practical Exam
.....	
Telescopic Boom—Fixed Cab (TSS)	Written Exam
	Practical Exam
.....	

CLASS LOCATION:*

PRACTICAL LOCATION:*

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 NCCCCO'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 NCCCCO reserves the right to verify any information in this application or in connection with my certification. I expressly consent to NCCCCO's release of any information consistent with NCCCCO's Information Release policy, and I expressly consent to NCCCCO's Privacy Policy as set forth on the NCCCCO website. I have read the NCCCCO Candidate Handbook and agree to be bound by all NCCCCO policies and procedures—including NCCCCO's substance abuse policy—as they may be amended from time to time, including without limitation those posted at ncccco.org. I agree to cooperate with any NCCCCO investigations and further agree that any legal proceeding arising out of or in any way relating to my NCCCCO 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 NCCCCO immediately.

rev 0122

CANDIDATE SIGNATURE*	DATE*
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