

NCCCO PORTAL DIRECTIONS

Here are the directions you needed for candidates to register on the portal. These are step by step and it should be easy.

myCCO Portal Registration/Login

Thank you for contacting CCO. We are happy to assist you with the myCCO Portal.

Please [click here](#) to access the Portal Login/Registration page.

- If you are current myCCO app user, please **Login** to the Portal with the email address and password used for the app.
- If you have a record in our database, are currently certified or have tested with CCO in the past, please [click here](#) to access a step-by-step video on how to register.
- If you do not have a record in our database or have never filled out an application with CCO, please [click here](#) to access a step-by-step video on how to register.

After successfully logging in the myCCO Portal, you can update or edit your personal information, access our exam applications, see exam history and more!



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		FIRST*	Middle	LAST*	Suffix (Jr., Sr., III)	
(as shown on driver's license)						
CCO CERTIFICATION NUMBER (if previously certified)		MY CCO ID*		DATE OF BIRTH*		
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

EXAMINATION(S) FOR WHICH YOU ARE APPLYING

WRITTEN & PRACTICAL EXAMS*

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

WRITTEN & PRACTICAL EXAM/RETEST FEES

MOBILE CRANE OPERATOR EXAMS

Core Exam (Only)	\$ 140
Core Exam plus one Specialty Exam	\$ 220
Core Exam plus two Specialty Exams	\$ 300
Core Exam plus three Specialty Exams	\$ 380
Core Exam plus four Specialty Exams	\$ 460
One Specialty Exam	\$ 80
Two Specialty Exams	\$ 160
Three Specialty Exams	\$ 240
Four Specialty Exams	\$ 320

PRACTICAL EXAM

Each Practical Exam	\$ 70
How many are you taking <input type="text"/>	

SERVICE TRUCK CRANE OPERATOR EXAM

Service Truck Written Exam.....	\$ 210
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ARTICULATING CRANE OPERATOR EXAM

Articulating Boom Crane Written Exam.....	\$ 210
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OTHER FEES

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

TOTAL AMOUNT DUE\$

Class Location:*

Class Date:*

Practical Location:*

Practical Date:*

QUALIFIED RIGGER & SIGNALPERSON FEES

ARE YOU TAKING THE QRS CLASS?

Yes

No

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

QRS + Not Attending NCCCO Class\$ 500

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

TOTAL AMOUNT DUE\$

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.

ARE YOU TAKING WEB CLASS*

Yes

No

What date is the web class?

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*