

## PRACTICAL EXAMINER APPLICATION FORM

**Please complete all sections.**

### Mobile Crane

| <input type="checkbox"/> | <u>Date</u>     | <u>Location</u> | <u>Host Company</u> | <u>Fees</u> |
|--------------------------|-----------------|-----------------|---------------------|-------------|
| <input type="checkbox"/> | March 2-4, 2017 | Las Vegas, NV   | NCCCO               | \$650       |

### Refresher

| <input type="checkbox"/> | <u>Date</u>   | <u>Location</u> | <u>Host Company</u> | <u>Fees</u> |
|--------------------------|---------------|-----------------|---------------------|-------------|
| <input type="checkbox"/> | March 2, 2017 | Las Vegas, NV   | NCCCO               | \$175       |

### 1. Applicant Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Candidate ID (NCP) \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

**(In order to receive essential program updates, this must be your personal email (not a shared address))**

### 2. Payment Information

Credit Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

**3. Are you currently CCO Certified?  
If you are, check appropriate category(s):**

**Are you currently an Accredited Practical Examiner?  
If you are, check appropriate category(s):**

Certification Number: \_\_\_\_\_

Practical Examiner Number: \_\_\_\_\_

- Lattice Boom Crawler
- Lattice Boom Truck
- Telescopic Crane Fixed Cab
- Telescopic Crane Swing Cab
- Service Truck Crane
- Tower Crane
- Overhead Crane
- Digger Derrick
- Articulating Boom Crane
- Articulating Boom Loader
- Signalperson
- Rigger Level I
- Rigger Level II

- Lattice Boom
- Telescopic Cranes Fixed Cab
- Telescopic Cranes Swing Cab
- Service Truck Crane
- Tower Crane
- Overhead Crane
- Digger Derrick
- Articulating Boom Crane
- Articulating Boom Loader
- Signalperson
- Rigger Level I
- Rigger Level II

#### 4. References

List two individuals as professional references.

1.

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| Name | Phone | Relationship |
|------|-------|--------------|
|------|-------|--------------|

2.

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| Name | Phone | Relationship |
|------|-------|--------------|
|------|-------|--------------|

**Submit in addition a crane related resume along with this application. Applications will not be considered received without a resume attached.**

#### 5. Submission of Application

Applicants for NCCCO Practical Examiner workshops shall provide at least 48 hours (2 business days) notice in writing of any request to cancel their registration. Monies submitted may be applied against a subsequent registration. Alternatively, registrant may request a full refund. Substitutions by qualified applicants are permitted so long as their application has been submitted and approved by NCCCO prior to the start of the workshop. However, should the applicant fail to provide proper notice and/or is a "no show" they will forfeit all fees for the workshop.

In signing this application to attend a Practical Examiner Workshop, I understand that submission of this application does not guarantee admission into the program. I further understand that my participation in the Practical Examiner Accreditation Program and performance in the workshop activities must meet program expectations in order to receive accreditation. Failure to meet those expectations or follow NCCCO policies may result in denial, suspension or revocation of my Practical Examiner Accreditation status.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

***Please return, along with supporting documentation, to:  
Jeniel Shaw  
National Commission for the Certification of Crane Operators  
57 West 200 South, Suite 404  
Salt Lake City, UT 84101  
Fax: 801-363-3806  
E-Mail: [jshaw@nccco.org](mailto:jshaw@nccco.org)***

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#### **FOR NCCCO USE ONLY**

Date Received:

By:

Application Complete? YES/NO

Application Approved? YES/NO

By:

Comments: