



# National Crane Certification and Inspection Company

9014 Green Rd, Converse, Texas 78109

210-762-5125 | [www.nationalccic.com](http://www.nationalccic.com)

## Candidate Application

5-Day Mobile Crane Fixed and Swing Cab Program

NCCCO Practicals & Written Test

Please type or print neatly. All fields marked with an asterisk (\*) must be completed or application will be considered incomplete.

FULL LEGAL NAME (as shown on driver's license)		FIRST*	Middle	LAST*
CCO CERT. NUMBER (if previously certified)	DATE OF BIRTH*		CANDIDATE ID: (if previously tested)	
PERSONAL MAILING ADDRESS*		CITY*		STATE*    ZIP*    COUNTRY*
HOME PHONE	CELL PHONE*		CANDIDATE EMAIL* (PERSONAL EMAIL UNIQUE TO CANDIDATE)	
COMPANY/ORGANIZATION				PHONE
COMPANY MAILING ADDRESS		CITY		STATE    ZIP    COUNTRY
<input type="checkbox"/> I AM REQUESTING TESTING ACCOMMODATIONS IN COMPLIANCE WITH THE AMERICAN WITH DISABILITIES ACT (ADA). (for detail on NCCCO's Testing Accommodations policy, please see <a href="http://www.nccco.org/accommodations">www.nccco.org/accommodations</a> )				

<u>PROGRAM</u>	<u>DURATION</u>	<u>CERTIFICATE</u>	<u>FEE</u>
MOBILE CRANE FIXED AND SWING CAB	5 DAYS		\$3,300.00
NCCCO CORE EXAM + 2 SPECIALTY EXAMS		ISSUED BY NCCCO	
<b>TOTAL</b>			<b>\$3,300.00</b>

PAYMENT INFORMATION     VISA     M/C     AMEX     Personal check enclosed     Employer check enclosed     Money Order enclosed

Name on Card	Credit Card No.	Exp. Date	3-4 Dig. Code
BILLING ADDRESS	CITY	STATE	ZIP    COUNTRY
Email credit card receipt to:			
CANDIDATE PRINTED NAME*			
CANDIDATE SIGNATURE*			DATE*

Registration must be received three (3) weeks before class is scheduled to begin. Class times/dates are subject to change by NCCIC. NCCIC will not be responsible for any travel expenses incurred by customers. Rescheduling or tuition refund notification needs to be made 30 days prior to the scheduled class. For notifications less than 30 days, a 25% reschedule/cancellation fee will be charged. NCCCO Application Fees are non-refundable. Please note that NCCIC has a strict substance abuse policy. Appropriate attire should be worn while attending classes/training.

Please fill out the attached NCCCO Candidate Application below as well and then submit this PDF to David Miles at [david.miles@nationalccic.com](mailto:david.miles@nationalccic.com)



# 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
HOME PHONE	CELL PHONE*		CANDIDATE EMAIL* (PERSONAL EMAIL UNIQUE TO CANDIDATE)		
COMPANY/ORGANIZATION				PHONE	
COMPANY MAILING ADDRESS			CITY	STATE	ZIP COUNTRY
<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 <a href="http://www.nccco.org/accommodations">www.nccco.org/accommodations</a>.)</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
	652607	<input type="checkbox"/> Manitowoc
<input type="radio"/> Lattice Boom Truck (LBT)	652609	<input type="checkbox"/> Link-Belt
	652610	<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"/> Boom Truck—Fixed Cab (BTF)	652671	<input type="checkbox"/> Manitex (Boom Truck)
<input type="radio"/> Tower Crane	654601	
<input type="radio"/> Overhead Crane	653601	

#### WRITTEN EXAM/RETEST FEES

<b>MOBILE CRANE OPERATOR EXAMS</b>	
<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
<b>TOWER CRANE OPERATOR EXAM</b>	
<input type="radio"/> Tower Crane Operator Written Exam .....	\$180
<b>OVERHEAD CRANE OPERATOR EXAM</b>	
<input type="radio"/> Overhead Crane Operator Written Exam .....	\$180
<b>OTHER FEES</b>	
<input type="radio"/> Candidate Late Fee (if applicable) .....	\$50
<input type="radio"/> Incomplete Application Fee (if applicable) .....	\$30
<b>TOTAL AMOUNT DUE</b> .....	\$ <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		TEST SITE COORDINATOR NAME*	
TEST SITE ADDRESS			
CITY	STATE	ZIP	COUNTRY
TEST ADMINISTRATION NUMBER*		TEST 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.*

rev 0820

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	EXPIRATION DATE
NAME (Print as it appears on card)	SIGNATURE (on card)
SECURITY CODE (Three- or four-digit code located on the card.)	

*If using company credit card, provide company name:* \_\_\_\_\_

*Email credit card receipt to:* \_\_\_\_\_

**Checks and money orders should be payable to: NCCCO**

**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:**

NCCCO—Written Exam Processing  
 34125 U.S. Highway 19 North, Suite 150, Palm Harbor, FL 34684  
 Fax: 727-461-2746  
 Email: [writtenapps@nccco.org](mailto:writtenapps@nccco.org)