



# 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> .....	\$

# 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 Tower Crane School of Phoenix		TEST SITE COORDINATOR NAME* Jennifer Meadows	
TEST SITE ADDRESS 3620 South 40th Street			
CITY Phoenix	STATE AZ	ZIP 85040	COUNTRY US
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. 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. 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 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 and agree to cooperate with any subsequent investigation regarding such matters.*

rev 1219

CANDIDATE SIGNATURE*	DATE*
----------------------	-------

### 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>
--	--	--	--	--	---	--

**If paying by credit card, complete the following information:**

CREDIT CARD NUMBER	<input type="text"/>	EXPIRATION DATE	<input type="text"/>
NAME (Print as it appears on card)	SIGNATURE (on card)	SECURITY CODE	<input type="text"/>
		<small>(Three- or four-digit code located on the card.)</small>	

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