



Recertification Application

WRITTEN EXAMINATION—ARTICULATING CRANE OPERATOR (PENCIL/PAPER TESTS ONLY)

Please type or print neatly.

FULL LEGAL NAME		First	Middle	Last	Suffix (Jr, Sr, III)
(as shown on driver's license)					
CCO CERTIFICATION NUMBER (if previously certified)			SOCIAL SECURITY #		
MAILING ADDRESS				DATE OF BIRTH	
CITY			STATE	ZIP	
PHONE	CELL	FAX		EMAIL	
COMPANY/ORGANIZATION			PHONE		
COMPANY MAILING ADDRESS					
CITY			STATE	ZIP	
<input type="checkbox"/> I AM REQUESTING TESTING ACCOMMODATIONS IN COMPLIANCE WITH THE AMERICAN WITH DISABILITIES ACT (ADA). (For details on NCCCO's Testing Accommodations policy, please see www.nccco.org/accommodations .)					

WRITTEN EXAMINATION FOR WHICH YOU ARE APPLYING

FILL IN the circle next to the Written Examination for which you are applying (only one) and indicate the appropriate fee(s). Total the amount due at bottom.

WRITTEN EXAMS

<p><i>Please refer to the Written Exam Content Outlines for the contents of each exam.</i></p>	
<input type="radio"/> Articulating Boom Crane (ABC)	652905
<input type="radio"/> Articulating Boom Crane w/Winch (ABW)	652906
<input type="radio"/> Articulating Boom Loader (ABL)	652904

RECERTIFICATION EXAM FEES/RETEST FEES

<input type="radio"/> Written Exam.....	\$150
<input type="radio"/> Written Exam—Current CCO—certified Mobile Crane Operator.....	\$50
<input type="radio"/> Written Exam—registering for Mobile Crane Operator exams at same time as Articulating Crane Operator recertification exam	\$50
<hr/>	
OTHER FEES	
<input type="radio"/> Candidate Late Fee (if applicable)	\$50
<input type="radio"/> Incomplete Application Fee (if applicable)	\$30
<input type="radio"/> Updated CCO certification card (ONLY for candidates adding to existing operator certifications).....	\$25
TOTAL AMOUNT DUE	\$

