



# Candidate 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	
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). <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 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

*Please refer to the Written Exam Content Outlines for the contents of each exam.*

<input type="radio"/> Articulating Boom Crane (ABC)	652902
<input type="radio"/> Articulating Boom Crane w/Winch (ABW)	652903
<input type="radio"/> Articulating Boom Loader (ABL)	652901

#### WRITTEN EXAM/RETEST FEES

<input type="radio"/> Written Exam—new candidate .....	\$165
<input type="radio"/> Written Exam—current CCO—certified Mobile Crane Operator.....	\$50
<input type="radio"/> Written Exam—new candidate registering for Mobile Crane Operator exams at same time as Articulating Crane Operator exam .....	\$50
<b>OTHER FEES</b>	
<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
<b>TOTAL AMOUNT DUE</b> .....	\$ <input style="width: 50px;" type="text"/>

# CANDIDATE APPLICATION (CONT'D)

## WRITTEN EXAMINATION—ARTICULATING CRANE OPERATOR

### TEST SITE AT WHICH YOU INTEND TO TAKE THE WRITTEN EXAMINATION




TEST SITE NAME	TEST SITE COORDINATOR		
TEST SITE ADDRESS			
CITY	STATE	ZIP	
TEST ADMINISTRATION NUMBER	DATE YOU INTEND TO TAKE THE CCO EXAMINATION		

*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 consent to NCCCO's release of any information regarding this application and my examination administration to third parties, consistent with NCCCO's Information Release policy. I have received a copy of the NCCCO Candidate Handbook, have read it, and agree to be bound by it. I also agree to be bound by all NCCCO policies and procedures, as they may be amended from time to time, including without limitation those posted at nccco.org. I attest that I have passed a substance abuse test conducted by a recognized laboratory service and agree to comply with NCCCO's substance abuse policy. I have passed a physical exam that complies with the ASME B30 standard for my certification designation and I will continue to comply with those requirements. 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.*

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"/>	<input type="checkbox"/>	<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	EXPIRATION DATE
NAME (Print as it appears on card)	SIGNATURE (on card)
	SECURITY CODE*

\* Three- or four-digit code located on the card.

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

***Please send application and payments to:***

NCCCO—Testing Services Department  
 1960 Bayshore Blvd.  
 Dunedin, Florida 34698  
  
 Phone: 727-449-8525  
 Fax: 727-461-2746