



Recertification 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		FIRST*	Middle	LAST*	Suffix (Jr., Sr., III)
(as shown on driver's license)					
CCO CERTIFICATION NUMBER*		DATE OF BIRTH*		CANDIDATE ID: (if previously tested)	
PERSONAL MAILING ADDRESS*		CITY*		STATE*	ZIP*
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 details on NCCCO's Testing Accommodations policy, please see www.nccco.org/accommodations .)					

WRITTEN EXAMINATIONS FOR WHICH YOU ARE APPLYING

This application is for recertification only. You may **ONLY** recertify for the designation(s) in which you are currently certified. **FILL IN** the circle next to the crane type(s) for which you are applying for recertification. If you would like to take Additional Examinations for cranes that you are not currently certified on, then **FILL IN** the examinations of your choice and **CHECK** the load chart you want to use for that crane type.

EXAMINATIONS*

RECERTIFICATION EXAMS	LOAD CHARTS
<input type="radio"/> Core Exam 652605	(Check one for each Specialty Exam)
<input type="radio"/> Lattice Boom Crawler (LBC) 652625	<input type="checkbox"/> Terex/American
652608	<input type="checkbox"/> Manitowoc
<input type="radio"/> Lattice Boom Truck (LBT) 652611	<input type="checkbox"/> Link-Belt
652635	<input type="checkbox"/> Manitowoc
<input type="radio"/> Telescopic Boom— Swing Cab (TLL) 652614	<input type="checkbox"/> Grove (Truck Mount)
652645	<input type="checkbox"/> Link-Belt (Rough Terrain)
652646	<input type="checkbox"/> National (Boom Truck)
<input type="radio"/> Telescopic Boom— Fixed Cab (TSS) 652656	<input type="checkbox"/> Manitex (Boom Truck)
652665	<input type="checkbox"/> Shuttlelift (Carry Deck)
<input type="radio"/> Tower Crane 654602	
<input type="radio"/> Overhead Crane 653602	

ADDITIONAL EXAMINATIONS	LOAD CHARTS
	(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	

RECERTIFICATION EXAM FEES/RETEST FEES

MOBILE CRANE OPERATOR EXAMS	
<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
TOWER CRANE OPERATOR EXAM	
<input type="radio"/> Tower Crane Operator Written Exam	\$180
OVERHEAD CRANE OPERATOR EXAM	
<input type="radio"/> Overhead Crane Operator Written Exam	\$180
OTHER FEES	
<input type="radio"/> Candidate Late Fee (if applicable)	\$50
<input type="radio"/> Incomplete Application Fee (if applicable)	\$30
TOTAL AMOUNT DUE	\$

CANDIDATE RECERTIFICATION 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*		

Do you have 1,000 hours of documented crane-related experience?* Yes No, and I understand I must take and pass the practical exam(s) prior to my expiration 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 received a copy of the NCCCO Candidate Handbook, have read it, and agree to be bound by it. I 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 further affirm either that I have maintained at least 1,000 hours of crane-related experience in the past five years or, if I have not maintained this experience, I have checked the box above this panel indicating that before my certification expires I will take and pass a practical exam for each designation for which I wish to be recertified. 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 0418

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	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:

CANDIDATE APPLICATION CHECKLIST

- I have completed and signed this *Recertification Exam Application*.
- I have provided credit card information or a check or money order for the correct amount due.
- I have emailed a color digital photo to my Test Site Coordinator and labeled it with my full name and birth date.
- I do not have a digital photo, so I am attaching a 1 3/8" X 1 3/4" passport photo with this application.