



# Candidate Application

## WRITTEN EXAMINATIONS (PAPER/PENCIL TESTS)—RIGGER & SIGNALPERSON

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>		<b>FIRST*</b>	Middle	<b>LAST*</b>	<small>Suffix (Jr., Sr., III)</small>
CCO CERTIFICATION NUMBER (if previously certified)		<b>DATE OF BIRTH*</b>		CANDIDATE ID: <small>(if previously tested)</small>	
<b>PERSONAL MAILING ADDRESS*</b>					
<b>CITY*</b>		<b>STATE*</b>	<b>ZIP*</b>	<b>COUNTRY</b>	
HOME PHONE	<b>CELL PHONE*</b>	<b>CANDIDATE EMAIL*</b> (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 AMERICANS 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 TEST ADMINISTRATION #* <small>(contact Test Site Coordinator)</small>		TEST DATE* (MM/DD/YYYY)		TEST SITE COORDINATOR NAME*	

Note: Written Exam applications received without a Written Test Administration Number will be marked incomplete and cannot be processed.

**FILL IN** the circles next to the exam(s) for which you are applying.

EXAM DESCRIPTION*	EXAM FEES
<input type="radio"/> Rigger Level I Written Exam (652850) <input type="radio"/> Rigger Level II Written Exam (652802) <input type="radio"/> Signalperson Written Exam (652701)	<input type="radio"/> \$100 <input type="radio"/> \$100 <input type="radio"/> \$100
RECERTIFICATION EXAM DESCRIPTION	EXAM FEES
<input type="radio"/> Rigger Level I Recertification Written Exam (652851) <input type="radio"/> Rigger Level II Recertification Written Exam (652833)† †Note: Individuals recertifying for Rigger Level II are NOT required to take the Rigger Level I recertification exam.	<input type="radio"/> One Exam      \$100
<b>Other fees:</b>	
<input type="radio"/> Candidate Late Fee .....	\$50
<input type="radio"/> Incomplete Application Fee (see Candidate Handbook for details) .....	\$30
TOTAL AMOUNT ENCLOSED .....	\$ <input style="width: 50px;" type="text"/>

# CANDIDATE APPLICATION (CONT'D)

## WRITTEN EXAMINATIONS—RIGGER & SIGNALPERSON

### CCO CERTIFICATION CARD

Candidates who meet all the requirements for certification in any one designation are issued a certification card at no charge. As certificants add additional designations, updated cards are issued at no additional charge. Replacement cards are available for an additional fee; order online at [nccco.org/newcard](http://nccco.org/newcard).

Please provide your Test Site Coordinator with a digital color photo (without hat or sunglasses) labeled with your full name and birth date.

Alternately, a 1 3/8" x 1 3/4" color passport photo may be substituted for a digital photo; if submitting a passport photo, please give it to your Test Site Coordinator, do not mail it directly to NCCCO.

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 and Substance Abuse Policy, 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](http://nccco.org). I further attest that I am physically and mentally capable of safely operating equipment and/or demonstrating signals on the day of the Practical Examination. I understand and agree that any personal injury and/or property damage resulting from or caused in any way by my participation in the CCO Practical Examination is not and shall not be the responsibility of NCCCO. 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.*


 
 
 Personal check enclosed
  Employer check enclosed
  Money Order enclosed
 *Please do not staple your check or money order.*

**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)	<input type="text"/>	SIGNATURE (on card)	<input type="text"/>
		SECURITY CODE	<input type="text"/>

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 send application and payments to:

NCCCO—Testing Services Department  
 5250 S. Commerce Drive, Suite 100  
 Murray, Utah 84107  
 Fax: 801-938-9540  
 Email: [writtenapps@nccco.org](mailto:writtenapps@nccco.org)