



Candidate Application

PRACTICAL EXAMINATION—ARTICULATING CRANE OPERATOR

Please type or print neatly.

FULL LEGAL NAME (as shown on driver's license)		First	Middle	Last	Suffix (Jr., Sr., III)
CCO CERTIFICATION NUMBER (if previously certified)	DATE OF BIRTH		CANDIDATE ID: (if previously tested)		
MAILING ADDRESS					
CITY		STATE	ZIP	COUNTRY	
PHONE	CELL	EMAIL			
COMPANY/ORGANIZATION			COMPANY PHONE		
COMPANY MAILING ADDRESS					
CITY		STATE	ZIP	COUNTRY	

INDICATE WITH A CHECK THE CRANE TYPE(S) YOU WISH TO BE TESTED ON:

- Articulating Boom Crane (ABC)
 Articulating Boom Loader (ABL)

TEST SITE AT WHICH YOU INTEND TO TAKE THE PRACTICAL EXAMINATION

TEST SITE COORDINATOR NAME		PE SITE #:
PHONE	EMAIL	
TEST SITE ADDRESS		
CITY	STATE	ZIP COUNTRY

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 further attest that I am physically and mentally capable of safely operating equipment 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.

CANDIDATE SIGNATURE	DATE
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THIS AREA FOR NCCCO USE ONLY:

- Articulating Boom Crane (ABC)
 Articulating Boom Crane w/Winch (ABW)
 Articulating Boom Loader (ABL)

