



Test Site Application

PRACTICAL EXAMINATION—DEDICATED PILE DRIVER OPERATOR

Please type or print neatly.

HOST COMPANY REPRESENTATIVE		TEST SITE NUMBER	
HOST COMPANY NAME		COMPANY REP EMAIL	
HOST COMPANY MAILING ADDRESS			
CITY		STATE	ZIP
CITY		STATE	ZIP
COMPANY REP OFFICE PHONE		COMPANY REP MOBILE PHONE	
TEST SITE ADDRESS (Physical address of where the crane(s) will be set up; P.O. Boxes not acceptable)			<input type="checkbox"/> This is a Secure Test Site. (Submit completed Security Requirements Report.)
CITY		STATE	
CHECK BOXES AS APPROPRIATE			
<input type="checkbox"/> \$50 Site Fee for _____ (year) enclosed <input type="checkbox"/> \$50 Site Fee for _____ (year) already paid <input type="checkbox"/> This is my first test administration			
TEST SITE COORDINATOR NAME		TEST SITE COORDINATOR PHONE	
TEST SITE COORDINATOR EMAIL			
PRACTICAL EXAMINER NAME		PRACTICAL EXAMINER EMAIL	

The Test Site Coordinator or Company Representative assumes total responsibility for the following items:

1. Selection of dedicated pile driving rig(s) and verification that at all times during the testing process they are in compliance with federal and state OSHA requirements
2. Verification that candidate's application for the Practical Exam is complete
3. Abiding by NCCCO Practical Test Site Audit requirements

SIGNATURE	DATE
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METHOD OF PAYMENT FOR TEST SITE FEE *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>
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If paying by credit card, please complete the following information:

CREDIT CARD NUMBER	EXPIRATION DATE
NAME (Print as it appears on card)	SIGNATURE (on card)
	SECURITY CODE*

Email credit card receipt to: _____

Checks and money orders should be payable to: NCCCO

Please send application and payments to:

National Commission for the Certification of Crane Operators
Western Regional Office
5250 S. Commerce Drive, Suite 100, Murray, UT 84107
Phone: 801-363-2693 / Fax: 801-363-3806 / Email: ejones@nccco.org