



Candidate Application

WRITTEN EXAMINATIONS—LIFT DIRECTOR (PAPER/PENCIL TEST ONLY)

Please type or print neatly.

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

ARE YOU A CURRENTLY CCO-CERTIFIED CRANE OPERATOR IN GOOD STANDING? Yes No

If you checked "yes" above, what is your CCO operator certification number? _____

Also please indicate the cranes you are certified to operate: Mobile Cranes Tower Cranes

WRITTEN EXAMINATION(S) FOR WHICH YOU ARE APPLYING

FILL IN the circle next to the crane type(s) for which you are applying. Total the amount due at bottom.

WRITTEN EXAMS

<input type="radio"/> Lift Director Core Exam	811101	
<input type="radio"/> Lift Director Mobile Crane Specialty	811201	
<input type="radio"/> Lift Director Tower Crane Specialty	811301	
<input type="radio"/> Mobile Crane Operator Core Exam	LOAD CHARTS 652603	(Check one for each Specialty Exam)
<input type="radio"/> Lattice Boom Crawler Specialty	652620	<input type="checkbox"/> American LBC <input type="checkbox"/> Manitowoc LBC
<input type="radio"/> Lattice Boom Truck Specialty	652609	<input type="checkbox"/> Link-Belt LBT <input type="checkbox"/> Manitowoc LBT
<input type="radio"/> Telescopic Boom— Swing Cab Specialty	652612	<input type="checkbox"/> Grove TLL (Truck Mount) 652613 <input type="checkbox"/> Link-Belt TLL (Rough Terrain)
<input type="radio"/> Telescopic Boom— Fixed Cab Specialty	652616	<input type="checkbox"/> Manitex TSS (Boom Truck) 652660 <input type="checkbox"/> Shuttlelift (Carry Deck)
<input type="radio"/> Tower Crane Operator	654601	
<input type="radio"/> Rigger Level II	652802	

OTHER FEES

- Candidate Late Fee (if applicable)..... \$50
- Incomplete Application Fee (if applicable)..... \$30
- Updated/Replacement Card \$25

ADD TO TOTAL AMOUNT AT RIGHT →

WRITTEN EXAM/RETEST FEES

LIFT DIRECTOR EXAMS

- Lift Director Core Exam \$150
- Lift Director Mobile Crane Specialty \$150
- Lift Director Tower Crane Specialty \$150

MOBILE CRANE OPERATOR EXAMS

- Core Exam plus one Specialty Exam (Initial or Retest) \$165
- Core Exam plus two Specialty Exams (Initial or Retest)... \$175
- One Specialty Exam (Retest or Added Specialty)..... \$65
- Two Specialty Exams (Retest or Added Specialty) \$75

TOWER CRANE OPERATOR EXAM

- Tower Crane Written Exam (new Candidate)..... \$165
- Tower Crane Written Exam (current CCO-certified
Mobile Crane Operator, or new candidate taking
exam same time as Mobile Crane exams) \$50

RIGGER LEVEL II EXAM

- Rigger Level II Written Exam (new Candidate) \$95
- Rigger Level II Written Exam (current CCO-
certified card holder or new candidate
taking exam same time as Lift Director exams) \$75

TOTAL AMOUNT DUE \$

For logistical reasons, and in fairness to each candidate, it is not recommended that a candidate schedule written exams totaling more than six hours of testing time on the same day.

CANDIDATE APPLICATION (CONT'D)

LIFT DIRECTOR WRITTEN EXAMINATION(S)

TEST SITE AT WHICH YOU INTEND TO TAKE THE WRITTEN EXAMINATION

TEST SITE NAME	TEST SITE COORDINATOR		
TEST SITE ADDRESS			
CITY	STATE	ZIP	COUNTRY
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 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 have passed a substance abuse test conducted by a recognized laboratory service and agree to comply with NCCCO's substance abuse policy. I attest that I am in good physical health, as verified by a medical professional, sufficient enough to handle the physical demands that directing lifts requires. 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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CCO CERTIFICATION CARD

Candidates who meet all the requirements for certification in any one designation are issued a certification card at no charge. Replacement and updated cards are available for an additional fee; see panel on front side of form.




Please email a digital color photo (without hat or sunglasses) to photos@nccco.org and label it with your full

name and birth date. Enclose with your application form any required payment based upon the information listed on front of form.

A 1 3/8" X 1 3/4" passport color photo may be substituted for a digital photo; if submitting a passport photo, please give it to your Test Site Coordinator.

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>
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If paying by credit card, complete the following information:

CREDIT CARD NUMBER	<input type="text"/>	EXPIRATION DATE	<input type="text"/>
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NAME (Print as it appears on card)	SIGNATURE (on card)	SECURITY CODE*	<input type="text"/>
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* Three- or four-digit code located on the card.

Email credit card receipt to: _____

*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

Email: kqualls@nccco.org
Phone: 727-449-8525
Fax: 801-938-9540