



# Application for Religious Accommodations

To request religious accommodations:

1. Complete this form in full. Read and sign the Authorization below.
2. Attach documentation supporting your request for religious accommodation(s) as necessary to support your request.

*Please note that incomplete documentation will delay or even prevent the processing of your request. If you need further clarification, please contact NCCCO at Coordinator, Testing Accommodations, at accommodations@nccco.org, or by phone at (801) 363-2693, ext. 310.*

3. Be sure that:

- All information you submit is typed or printed. Material from evaluators must be on official letterhead.
- All documents are in English. You are responsible for providing certified English translations of any foreign-language documentation.
- You include documentation.

4. Send your completed NCCCO Application for Religious Accommodations and supporting documentation to NCCCO via email or mail at least four (4) weeks prior to your testing date, to:

National Commission for the Certification of Crane Operators  
ATTN: Coordinator, Testing Accommodations  
5250 S. Commerce Drive, Suite 100  
Murray, UT 84107  
Email: accommodations@nccco.org

5. After submission, if there is a request made for additional information, the candidate must submit the requested information within the 90 days of the letter requesting documentation sent to the applicant. If 90 days have passed and no sufficient documentation has been submitted, the application will be considered denied and closed, and the candidate will be required to start the process from the beginning.

Applications for religious accommodations must comply with the applicable exam registration deadlines. However, applicants are encouraged to submit their application and documentation as early as possible to allow for ample time for consideration of the request. Requests may take up to four (4) weeks.

## SECTION A. BIOGRAPHICAL INFORMATION

FULL LEGAL NAME		First	Middle	Last	Suffix (Jr., Sr., III)
DATE OF BIRTH	CCO CERTIFICATION NUMBER (IF AVAILABLE)		CANDIDATE ID (IF AVAILABLE)		
MAILING ADDRESS					
CITY		STATE	ZIP	COUNTRY	
PHONE (HOME)	PHONE (CELL)		EMAIL		
I request NCCCO communicate with me via: <input type="checkbox"/> Postal mail <input type="checkbox"/> Email					

## SECTION B. NATURE OF RELIGIOUS OBJECTIONS

What is the nature of your religious objections?

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## SECTION C. PREVIOUS ACCOMMODATIONS

Have you previously received religious accommodations?  Yes  No

*If yes, please provide details below and submit documentation/verification of religious accommodations with this application.*

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## SECTION D. ACCOMMODATIONS YOU ARE REQUESTING

Select all that apply:

- Non-photo ID/Certification Card
- Modified Photo ID/Certification Card
- Other (please specify): \_\_\_\_\_

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## SECTION E. PERSONAL STATEMENT

Please describe, in your own words, your reasons for requesting religious accommodations. *Attach additional pages if necessary.*

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## SECTION F. ATTESTATION AND AUTHORIZATION

By signing below, I attest that the information I have provided on this application is accurate, true, and correct to the best of my knowledge. I agree to and hereby authorize the release of the above-referenced information to NCCCO for use in determining eligibility for the requested accommodation in testing. I understand that NCCCO reserves the right to verify any and all information in my application. I further understand and agree that my failure to provide accurate, true, and correct information shall constitute grounds for rejection of my request for this accommodation in testing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Your request will be reviewed upon receipt of all relevant materials as described above. You will receive a decision by written notification from NCCCO. For reasons of confidentiality, information regarding the granting or denial of test accommodations will not be released by telephone.*