

## **Combined Test Administration** REQUEST FORM—RIGGER & SIGNALPERSON

## This form may also be completed and submitted online at: www.nccco.org/wtar.

Please submit this form when you have found a facility that meets the test criteria and you are ready to commit to a specific exam date. *This form MUST be submitted at least four weeks prior to the test date selected below.* Incomplete forms or forms with no signature may delay processing. You will receive an approval letter with a test administration number to document on your Candidate Applications, which are due no later than two weeks prior to the Written Exam test date.

This Combined Test Site is for: Signalperson/Rigger Level I Rigger Level I/Rigger Level II

Do you want your Test Site open to candidates outside your company or organization? Yes  $\Box$  No  $\Box$ 

This is my first test administration: Yes  $\Box$  No  $\Box$ 

Have you submitted your Practical Examination Test Site Application? Yes 🗌 No 🗍

This is a secure site: Yes 🗌 No 🗋 (If "Yes," submit completed Security Requirements Report using enclosed form; for details see "Secure Test Sites" under "Applying to Host CCO Exams.")

Test Site Coordinator: Please indicate the best time of the day for the Chief Examiner to contact you: \_\_\_\_\_\_\_a.m./p.m.

## Please type or print neatly.

TEST SITE COORDINATOR		COMPANY or ORGANIZATION			
COMPANY MAILING ADDRESS	CITY		STATE	ZIP	COUNTRY
TEST SITE COORDINATOR CELL PHONE		COMPANY PHONE			
EMAIL (Test Site Coordinator/Company Rep.) COMPANY REP AT TEST SITE LOCATION (if different from Coordinator above)					above)
TEST SITE LOCATION NAME (if different from above)		COMPANY REP CELL PHONE			
TEST SITE ADDRESS ADDRESS (if different from above)	CITY		STATE	ZIP	COUNTRY
REQUESTED DATE OF TEST NAME OF PRACTICAL	EXAMINER	PE #		PE PHONE	
NAME OF 2ND PRACTICAL EXAMINER (if necessary)	PE #	NAME OF 3RD PRACTICAL EXAMIN	IER (if necessa	ary)	E #

_	# of Certification Candidates:	# of Recertification Candidates:	# of Retest Candidates:	# of Testing Rooms:	# of Practical Examiners:	# of Candidate Handbooks Needed:
Signalperson						
Rigger Level I						
Rigger Level II						

I have read and understand the expectations of the Test Site Coordinator as well as the criteria for the Test Site as described in the Rigger Examination Test Site Coordinator Handbook.

TEST SITE COORDINATOR SIGNATURE	DATE

Please return this Combined Test Administration Request Form for approval at least four weeks prior to the requested exam date to:

NCCCO—Testing Services Department 1960 Bayshore Blvd. Dunedin, FL 34698 Phone: 727-449-8525 Fax: 727-461-2746 Email: kgualls@nccco.org