

## **Test Site Application**

## PRACTICAL EXAMINATION—DIGGER DERRICK OPERATOR

Please type or print neatly.			
HOST COMPANY REPRESENTATIVE	TEST SITE NUMBER		
HOST COMPANY NAME	COMPANY REP EMAIL		
HOST COMPANY MAILING ADDRESS			
CITY	STATE	COUNTRY	
COMPANY REP OFFICE PHONE COMPANY REP	MOBILE PHONE	☐ This is a Secure Test Site. (Submit completed	
TEST SITE ADDRESS (Physical address of where the crane(s) will be set up; P.O. Boxes not acceptable)		Security Requirements Report.)	
CITY	STATE	COUNTRY	
CHECK BOXES AS APPROPRIATE			
□ \$50 Site Fee for (year) enclosed □ \$50 Site Fee for (year) already paid □ 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 assum	es total responsibility for the	following items:	
1. Selection of cranes/digger derricks and verification that at all times during the testing process they are in compliance			
with federal and state OSHA requirements and the curren			
<ul><li>2. Verification that candidate's application for the Practical</li><li>3. Abiding by NCCCO Practical Test Site Audit requirement</li></ul>	_		
SIGNATURE	DATE		
SIGNATURE	DAIL		
METHOD OF PAYMENT FOR TEST SITE FEE		Do not send cash.	
□ VISA □ MasterCard □ AMERICAN □ Personal enclosed		■ Money order Please do not staple your check or money order.	
If paying by credit card, please complete the following in	formation:		
CREDIT CARD NUMBER		EXPIRATION DATE	
NAME (Print as it appears on card) SIGNATURE (on car	d)	SECURITY CODE*	
First will be also and an extension		* 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:			
National Commission for the Certificatio Western Regional Office	·		
5250 S. Commerce Drive, Suite 100, Mur	ray, UT 84107		

Phone: 801-363-2693 / Fax: 801-363-3806 / Email: ejones@nccco.org