



# Test Site Application

## PRACTICAL EXAMINATION—DRILL RIG 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  | COUNTRY   |
| 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 | ZIP  |   |
| 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 drill 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 |
|-----------|------|

**METHOD OF PAYMENT FOR TEST SITE FEE** *Do not send cash.*


 
 
 Personal check enclosed
  Employer check enclosed
  Money order enclosed
 *Please do not staple your check or money order.*

**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