

# **Recertification Application** WRITTEN EXAMINATION—MOBILE, TOWER, & OVERHEAD CRANE OPERATOR (PAPER/PENCIL TESTS ONLY)

#### Please type or print neatly.

FULL LEGAL NAME (as shown on driver's license)	First	Middle	Lá	ast		Suffix (Jr., Sr., III)
CCO CERTIFICATION NUMBER		DATE OF BIRTH	CANDID	ATE ID:		
MAILING ADDRESS		CITY		STATE	ZIP	COUNTRY
PHONE	CELL		EMAIL			
COMPANY/ORGANIZATION				COMPANY PHONE		
COMPANY MAILING ADDRESS		CITY		STATE	ZIP	COUNTRY
□ I AM REQUESTING TESTING ACCOMMODATIONS IN COMPLIANCE WITH THE AMERICAN WITH DISABILITIES ACT (ADA). (For details on NCCCO's Testing Accommodations policy, please see www.nccco.org/accommodations.)						

#### WRITTEN EXAMINATIONS FOR WHICH YOU ARE APPLYING

This application is for recertification only. You may ONLY recertify for the designation(s) in which you are currently certified. FILL IN the circle next to the crane type(s) for which you are applying for recertification. If you would like to take Additional Examinations for cranes that you are not currently certified on, then FILL IN the examinations of your choice and CHECK the load chart you want to use for that crane type.

#### **EXAMINATIONS** RECERTIFICATION EXAMS LOAD CHARTS 652605 (Check one for each Specialty Exam) • Core Exam O Lattice Boom Crawler 652625 ☐ Terex/American 652608 🗇 Manitowoc (LBC) O Lattice Boom Truck 652611 □ Link-Belt (LBT) 652635 🗇 Manitowoc • Telescopic Boom— 652614 Grove (Truck Mount) Swing Cab (TLL) 652645 🗇 Link-Belt (Rough Terrain) 652646 D National (Boom Truck) O Telescopic Boom— 652656 D Manitex (Boom Truck) Fixed Cab (TSS) 652665 D Shuttlelift (Carry Deck) O Tower Crane 654602 O Overhead Crane 653602

ADDITIONAL EXAMIN	LOAD CHARTS (Check one for each Specialty Exam)		
O Lattice Boom Crawler (LBC)	652620 652607	<ul><li>Terex/American</li><li>Manitowoc</li></ul>	
<ul> <li>C Lattice Boom Truck (LBT)</li> </ul>	652609 652610	<ul><li>Link-Belt</li><li>Manitowoc</li></ul>	
• Telescopic Boom— Swing Cab (TLL)	652612 652613 652618	<ul> <li>Grove (Truck Mount)</li> <li>Link-Belt (Rough Terrain)</li> <li>National (Boom Truck)</li> </ul>	
<ul> <li>Telescopic Boom—</li> <li>Fixed Cab (TSS)</li> </ul>	652616 652660	<ul> <li>Manitex (Boom Truck)</li> <li>Shuttlelift (Carry Deck)</li> </ul>	
<ul> <li>O Boom Truck—Fixed Cab (BTF)</li> </ul>	652671	Manitex (Boom Truck)	
O Tower Crane	654601		
O Overhead Crane	653601		

## **RECERTIFICATION EXAM FEES/RETEST FEES**

0	Three Mobile Specialty Exams (Retest) Four Mobile Specialty Exams (Retest)	\$60
	Two Mobile Specialty Exams (Retest)	
0	One Mobile Specialty Exam (Retest)	\$50
	(Retest)	\$150
0	Mobile Core Exam or Core plus one Specialty Exam	
0	Overhead Crane (with Mobile Crane)	\$50
	Overhead Crane (only)	
	Tower Crane (with Mobile Crane)	
	Tower Crane (only)	
	Mobile Core Exam plus four Specialty Exams	
	Mobile Core Exam plus three Specialty Exams	
	Mobile Core Exam plus two Specialty Exams	
	Mobile Core Exam plus one Specialty Exam	

(\*ONLY for candidates adding to existing Mobile certifications; for candidates adding Mobile to Tower or Overhead certifications, use standard Written Exam Candidate Application form.)

- O Tower Crane Exam......\$50
- O Overhead Crane Exam ......\$50

#### **OTHER FEES**

- O Candidate Late Fee (if applicable)......\$50
- O Incomplete Application Fee (if applicable)......\$30

TOTAL AMOUNT DUE .....

# **CANDIDATE RECERTIFICATION APPLICATION (CONT'D)**

# WRITTEN EXAMINATION-MOBILE, TOWER, & OVERHEAD CRANE OPERATOR

## TEST SITE AT WHICH YOU INTEND TO TAKE THE WRITTEN EXAMINATION

TEST SITE NAME	TEST SITE COORDINATOR	
TEST SITE ADDRESS		
СПҮ	STATE     ZIP     COUNTRY	
TEST ADMINISTRATION NUMBER	DATE YOU INTEND TO TAKE THE CCO EXAMINATION	

I do NOT have 1,000 hours of documented crane-related experience and must take an CCO Practical Exam for each designation for which I wish to be recertified.

I declare that the foregoing statements and those agree that my failure to provide accurate and co the Code of Ethics, shall constitute grounds for th understand that NCCCO reserves the right to ver expressly consent to NCCCO's release of any info copy of the NCCCO Candidate Handbook, have and procedures, as they may be amended from t I have passed a substance abuse test conducted abuse policy. I have passed a physical exam that I will continue to comply with those requiremen related experience in the past five years or, if I have indicating that before my certification expires I to be recertified. I understand that if at any point d above, or if matters arise that can affect my capa immediately and agree to cooperate with any suf-	mplete information or abide by NCCCO's p the rejection of my application, or denial or rify any information in this application or rrmation consistent with NCCCO's Informa- read it, and agree to be bound by it. I agree ime to time, including without limitation t by a recognized laboratory service and agree t complies with the ASME B30 standard for ts. I further affirm either that I have mainta- twe not maintained this experience, I have of will take and pass a practical exam for each uring my certification period I fail to meet a bility to continue to fulfill certification requ	policies and procedures, including revocation of my certification. I in connection with my certification. I tition Release policy. I have received a e to be bound by all NCCCO policies hose posted at nccco.org. I attest that ee to comply with NCCCO's substance or my certification designation and ained at least 1,000 hours of crane- checked the box above this panel a designation for which I wish to uny of the requirements outlined irements, I must report it to NCCCO			
CANDIDATE SIGNATURE		DATE			
METHOD OF PAYMENT FOR CANDIDATE EXAMINATION FEES Do not send cash.					
Image: Control of the second secon	Personal check enclosed enclosed enclosed enclosed	Money order enclosed Please do not staple your check or money order.			
If paying by creatic card, complete the joilout         CREDIT CARD NUMBER         NAME (Print as it appears on card)         Email credit card receipt to:	SIGNATURE (on card)	EXPIRATION DATE			
·					
Checks and money orders should be payable to: NCCCO					
Please send application and payment to:	NCCCO—Testing Services Department 1960 Bayshore Blvd. Dunedin, Florida 34698	Phone: 727-449-8525 Fax: 727-461-2746 Email: kqualls@nccco.org			
CANDIDATE APPLICATION CHECKLIST					
<ul> <li>I have completed and signed this <i>Recertifica</i>.</li> <li>I have provided credit card information or a</li> </ul>		unt due.			

□ I have emailed a color digital photo (full face, no sunglasses, no hat) to **photos@nccco.org** and labeled it with my full name and birth date.

 $\square$  I do not have a digital photo, so I am attaching a 1% "X 1¾" passport photo with this application.

For additional information regarding *recertification*, contact NCCCO at 703-560-2391 (phone), info@nccco.org (email), or www.nccco.org (web).