



CANDIDATE APPLICATION

WRITTEN EXAMINATION - MOBILE CRANES

Please type or print neatly.

NAME			First	Middle	Last
CCO CERTIFICATION NUMBER (IF PREVIOUSLY CERTIFIED)			SOCIAL SECURITY #		
MAILING ADDRESS			DATE OF BIRTH		
CITY			STATE	ZIP	
PHONE	CELL	FAX	E-MAIL		
COMPANY ORGANIZATION			PHONE		
COMPANY MAILING ADDRESS					
CITY			STATE	ZIP	
ARE YOU A MOBILE RETEST CANDIDATE? NO YES Date last tested: / /					

WRITTEN EXAMINATIONS FOR WHICH YOU ARE APPLYING

BUBBLE IN the circle next to the crane type(s) for which you are applying. **CHECK (✓)** the load chart you want to use for the crane type. **NOTE:** You must register for the CORE exam and at least one Specialty examination, unless you are a retest candidate. **RETEST CANDIDATES** check **YES** above and follow the retest instructions below. (If you are recertifying, please use separate Recertification Application Form.) Also check (✓) the appropriate boxes below for correct fees.

EXAM DESCRIPTION

<input type="radio"/> Core Exam	652603	LOAD CHARTS (Check one for each Specialty selected)
<input type="radio"/> Lattice Boom Crawler:	652620	<input type="checkbox"/> American
	652607	<input type="checkbox"/> Manitowoc
<input type="radio"/> Lattice Boom Truck:	652609	<input type="checkbox"/> Link-Belt
	652610	<input type="checkbox"/> Manitowoc
<input type="radio"/> Large Telescopic:	652612	<input type="checkbox"/> Grove
(Swing Cab)	652613	<input type="checkbox"/> Link-Belt
<input type="radio"/> Small Telescopic:	652616	<input type="checkbox"/> Manitex
(Fixed Cab)	652650	<input type="checkbox"/> Broderson

ADDITIONAL SPECIALTY FEES

One (1) Specialty only - Core passed	\$65 <input type="checkbox"/>
Two (2) Specialties only - Core passed	\$75 <input type="checkbox"/>
Three (3) Specialties only - Core passed	\$85 <input type="checkbox"/>

ADD TO TOTAL AMOUNT AT RIGHT



EXAM FEES

Core Exam plus one (1) Specialty	\$165 <input type="checkbox"/>
Core Exam plus two (2) Specialty	\$175 <input type="checkbox"/>
Core Exam plus three (3) Specialty	\$185 <input type="checkbox"/>
Core Exam plus four (4) Specialty	\$195 <input type="checkbox"/>

RETEST CANDIDATE FEES ONLY

Core only for Retest Candidates	\$165 <input type="checkbox"/>
One (1) Specialty only - Core passed	\$65 <input type="checkbox"/>
Two (2) Specialties - Core passed	\$75 <input type="checkbox"/>
Three (3) Specialties - Core passed	\$85 <input type="checkbox"/>
Four (4) Specialties - Core passed	\$95 <input type="checkbox"/>

Candidate Late Fee (if applicable)	\$50 <input type="checkbox"/>
------------------------------------	-------------------------------

Incomplete Application Fee (if applicable)	\$30 <input type="checkbox"/>
--	-------------------------------

TOTAL AMOUNT ENCLOSED	\$ <input type="text"/>
-----------------------------	-------------------------

CANDIDATE APPLICATION (CONT'D)

WRITTEN EXAMINATION

TEST SITE AT WHICH YOU INTEND TO TAKE THE WRITTEN EXAMINATION

PAGE 2 OF 2

TEST SITE NAME	TEST SITE COORDINATOR		
TEST SITE MAILING ADDRESS			
CITY	STATE	ZIP	
TEST SITE NUMBER	DATE YOU INTEND TO TAKE THE CCO EXAMINATION (MONTH / DAY / YEAR) / /		

Under penalties of perjury, I declare that the foregoing statements and those in any required accompanying documentation are true. I understand and agree that my failure to provide accurate and complete information or abide by NCCCO's policies and procedures, including the Code of Ethics, shall constitute grounds for the rejection of my application, or denial or revocation of my certification. I understand that NCCCO reserves the right to verify any information in this application or in connection with my certification. I consent to NCCCO's release of any information regarding this application and my examination administration to third parties. I have received a copy of the CCO Candidate Handbook and have read, and do understand and agree to be bound by all prevailing NCCCO policies and procedures. I attest that I have passed a substance abuse test conducted by a recognized laboratory service and agree to comply with NCCCO's substance abuse policy. I have passed a physical exam that complies with the ASME B30 standard for my certification category and I will continue to comply with those requirements.

CANDIDATE SIGNATURE	DATE
---------------------	------

METHOD OF PAYMENT FOR CANDIDATE EXAMINATION FEES

Do not send cash.

<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> Personal Check	<input type="checkbox"/> Employer Check	<input type="checkbox"/> Money Order	<i>Do not staple your check.</i>
---	---	---	---	---	--------------------------------------	----------------------------------

If paying by credit card -complete the following information

SECURITY CODE*

CREDIT CARD NUMBER

EXPIRATION DATE

NAME (Print as it appears on card)	SIGNATURE (on card)
------------------------------------	---------------------

Checks and money orders should be payable to:

International Assessment Institute - Attention: CCO testing
600 Cleveland Street, Suite 900
Clearwater, Florida 33755

Phone: 727-449-8525
Fax: 727-461-2746

Note: Application is valid for one (1) year from date of approval, after which time your fee will be forfeited and a new application is required.

CANDIDATE APPLICATION CHECKLIST

<input type="checkbox"/> I have completed and signed the Candidate Application.
<input type="checkbox"/> I have provided credit card information or a check or money order for the correct amount.