



Recertification Application

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

Please type or print neatly. All fields marked with an asterisk (*) must be completed or application will be considered incomplete.

FULL LEGAL NAME (as shown on driver's license)		FIRST*	Middle	LAST*	Suffix (Jr., Sr., III)	
CCO CERTIFICATION NUMBER*		DATE OF BIRTH*		CANDIDATE ID: (if previously tested)		
PERSONAL MAILING ADDRESS*		CITY*		STATE*	ZIP*	COUNTRY
HOME PHONE		CELL PHONE*		CANDIDATE EMAIL* (PERSONAL EMAIL UNIQUE TO CANDIDATE)		
COMPANY/ORGANIZATION				PHONE		
COMPANY MAILING ADDRESS		CITY		STATE	ZIP	COUNTRY
<input type="checkbox"/> 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	
<input type="radio"/> Core Exam	652605	(Check one for each Specialty Exam)	
<input type="radio"/> Lattice Boom Crawler (LBC)	652625 652608	<input type="checkbox"/> Terex/American	<input type="checkbox"/> Manitowoc
<input type="radio"/> Lattice Boom Truck (LBT)	652611 652635	<input type="checkbox"/> Link-Belt	<input type="checkbox"/> Manitowoc
<input type="radio"/> Telescopic Boom—Swing Cab (TLL)	652614 652645 652646	<input type="checkbox"/> Grove (Truck Mount)	<input type="checkbox"/> Link-Belt (Rough Terrain)
<input type="radio"/> Telescopic Boom—Fixed Cab (TSS)	652656 652665	<input type="checkbox"/> National (Boom Truck)	<input type="checkbox"/> Manitex (Boom Truck)
<input type="radio"/> Tower Crane	654602	<input type="checkbox"/> Shuttlelift (Carry Deck)	
<input type="radio"/> Overhead Crane	653602		

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

RECERTIFICATION EXAM FEES/RETEST FEES

MOBILE CRANE OPERATOR EXAMS

- ☐ Core Exam \$160
- ☐ Core Exam plus one Specialty Exam \$180
- ☐ Core Exam plus two Specialty Exams \$200
- ☐ Core Exam plus three Specialty Exams \$220
- ☐ Core Exam plus four Specialty Exams \$240
- ☐ One Specialty Exam \$75
- ☐ Two Specialty Exams \$95
- ☐ Three Specialty Exams \$115
- ☐ Four Specialty Exams \$135

TOWER CRANE OPERATOR EXAM

- ☐ Tower Crane Operator Written Exam \$180

OVERHEAD CRANE OPERATOR EXAM

- ☐ Overhead Crane Operator Written Exam \$180

OTHER FEES

- ☐ Candidate Late Fee (if applicable) \$50
- ☐ 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 NAME*		
TEST SITE ADDRESS			
CITY	STATE	ZIP	COUNTRY
TEST ADMINISTRATION NUMBER*		TEST DATE*	

Do you have 1,000 hours of documented crane-related experience during your current certification period?*

- ☐ Yes, and I understand that NCCCO may, at any time, request documentation to be provided in order to verify my experience, and if such documentation is not provided my certification may be impacted.
- ☐ No, and I understand I must take and pass the practical exam(s) prior to my expiration date.




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 expressly consent to NCCCO's release of any information consistent with NCCCO's Information Release policy. I have read the NCCCO Candidate Handbook and agree to be bound by all NCCCO policies and procedures—including NCCCO's substance abuse policy—as they may be amended from time to time, including without limitation those posted at nccco.org. I understand that if at any point during my certification period I fail to meet any of the requirements outlined above, or if matters arise that can affect my capability to continue to fulfill certification requirements, I must report it to NCCCO immediately and agree to cooperate with any subsequent investigation regarding such matters.

rev 1219

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 enclosed	<input type="checkbox"/> Employer check enclosed	<input type="checkbox"/> Money order enclosed	Please do not staple your check or money order.
If paying by credit card, complete the following information:						
CREDIT CARD NUMBER			EXPIRATION DATE			
NAME (Print as it appears on card)			SIGNATURE (or stamp)		SECURITY CODE	
					(Three- or four-digit code located on the card.)	
If using company credit card, provide company name: _____						
Email credit card receipt to: _____						

Checks and money orders should be payable to: NCCCO

Please contact your Test Site Coordinator for instructions on where to submit written exam applications. If instructed to submit directly to NCCCO, please send application and payment to:

NCCCO—Testing Services Department
34125 U.S. Highway 19 North, Suite 150, Palm Harbor, FL 34684
Fax: 727-461-2746
Email: writtenapps@nccco.org