



CANDIDATE APPLICATION

Before submitting this application, please go to my.ccocert.org on a web browser and create an account, once complete please provide candidate ID below

All fields marked with an asterisk () must be completed*

FULL LEGAL NAME FIRST* <small>(As shown on driver's license)</small>		MIDDLE	LAST*	Suffix (Jr., Sr., III)
CCO CERTIFICATION NUMBER* (if previously certified)		DATE OF BIRTH*	CANDIDATE ID from myCCO	
PERSONAL MAILING ADDRESS*		CITY*	STATE*	ZIP*
HOME PHONE	CELL PHONE*		CANDIDATE EMAIL* (PERSONAL EMAIL UNIQUE TO CANDIDATE)	
COURSE DATES			TSHIRT SIZE (SM-3X)	
COMPANY		PHONE NUMBER	REFERRED BY	

EXAM(S) FOR WHICH YOU ARE APPLYING

MARK the crane type(s) for which you are applying

NOTE: If you are applying for Mobile Crane exams, you must register for the Mobile Core Exam and at least one Specialty Exam (unless you are a Retest Candidate).

WRITTEN EXAMS*

- ☐ Mobile Core Exam
- ☐ Lattice Boom Crane (LBC)
- ☐ Telescopic Boom- Swing Cab (TLL)
- ☐ Telescopic Boom-Fixed Cab (TSS)
- ☐ Rigger 1
- ☐ Signalperson

PRACTICAL EXAMS*

- ☐ Lattice Boom Crane
- ☐ Telescopic Boom – Swing Cab (TLL)
- ☐ Telescopic Boom- Fixed Cab (TSS)
- ☒ Rigger 1
- ☐ Signalperson

CANDIDATE APPLICATION

Applications for paper/pencil written exams are due two weeks before testing date. I am confirming that the information given in this application is complete to the best of my knowledge. I understand that initial scheduling deposit is non-refundable and will be used as credit toward my total balance. Any changes to exams after registration may result in additional fees owed.

A \$500 nonrefundable deposit is due at the time of registration.

CANDIDATE SIGNATURE*

DATE*

METHOD OF PAYMENT FOR CANDIDATE FEES

- ☐ My company has an account with Spartan Consulting & Safety, LLC. and will be billed by invoice
- ☐ I am paying by credit card or cash

If paying by credit card, complete the following information:

☒ Deposit \$500 ☐ Total Fees

Authorization to charge the card in the amount of \$ _____

Credit Card Number: _____ Expiration Date: _____

Security Code: _____

Name (Print as it appears on card) _____ Signature _____