Test Site Application

PRACTICAL EXAMINATION—SERVICE TRUCK CRANE 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

❒ This is a secured site. (Submit separate Security Requirements Report; see page 5 for details.)

TEST SITE ADDRESS (Physical address of where the crane(s) will be set up; P.O. Boxes not acceptable)

CITY | STATE | ZIP | COUNTRY

CHECK BOXES AS APPROPRIATE

❒ $50 Site Fee for _____ (year) enclosed ❒ $50 Site Fee for _____ (year) already paid ❒ 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 cranes and verification that at all times during the testing process the cranes are in compliance with federal and state OSHA requirements and the current ASME B30 standard
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.

❒ VISA ❒ MasterCard ❒ American Express ❒ 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*

* Three- or four-digit code located on the card.

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, Utah 84107
Phone: 801-363-2693 / Fax: 801-363-3806 / Email: ejones@nccco.org

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