



Crane Inspector Experience Form

SUBMISSION INSTRUCTIONS

Please complete and submit the following form at least two weeks prior to submitting your Crane Inspector certification exam Candidate Application. NCCCO will review all information provided before determining your eligibility to apply for the Crane Inspector certification exams. You will be notified by email of your eligibility to sit for the exam(s) within 10 business days of receipt of your materials.

CCO Crane Inspector certification applicants must document and attest to at least five years' crane-related experience. The five years shall include duties such as crane inspector and related activities, crane operator, crane mechanic, or crane shop foreman. Related education may be substituted for related experience at a ratio of two years of education for one year of experience up to three years. Related education includes courses in, but not limited to, engineering, physics, applied mathematics, applied science courses in non-destructive testing, construction technology, or technical courses in heavy equipment mechanic or welding technology.

Complete as many copies of each of the following pages as you need to demonstrate the extent of your experience and/or relevant education:

Crane Inspector Experience Form pages:

- 1. Contact Information & Attestation Statement**
- 2. Work History Documentation**
- 3. Relevant Post-Secondary, Graduate, & Post-Graduate Education**
- 4. Additional Courses, Technical Training, Certifications, & Accreditations**
- 5. Industry References**
- 6. Other Comments or Attachments**

All Crane Inspector candidates must submit this form for review to be eligible to apply to take the certification exams. Candidates must make their best attempt to complete all sections of the form. Please be as specific as possible regarding the extent of your experience. Applications that are deemed incomplete or inadequate will be rejected and additional information may be required.

Please send your completed Crane Inspector Experience Form and appropriate documentation to:

NCCCO—Testing Services Department
5250 S. Commerce Drive, Suite 100
Murray, Utah 84107
Phone: 703-560-2391
Email: candidate@nccco.org



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CONTACT INFORMATION & EXPERIENCE ATTESTATION

Please complete the following page and sign the attestation statement for review of your Crane Inspector Experience Form.

Please type or print neatly. (*Required fields)

FULL LEGAL NAME* (as shown on driver's license)	First	Middle	Last	Suffix (Jr., Sr., III)
CCO CERTIFICATION NUMBER (if previously certified)	DATE OF BIRTH*	CANDIDATE ID: (if previously tested)		
MAILING ADDRESS				
CITY*	STATE*	ZIP	COUNTRY	
DAYTIME PHONE*	EMAIL*			

ARE YOU CURRENTLY CCO-CERTIFIED? Yes No

If you checked "yes" above, indicate your CCO certification number below and the CCO certifications that you currently hold at right:

CCO certification #: _____

- Mobile Crane Operator
- Tower Crane Operator
- Overhead Crane Operator
- Articulating Crane Operator
- Rigger Level I
- Rigger Level II
- Signalperson
- Digger Derrick Operator

EXPERIENCE ATTESTATION:

I declare that the foregoing statements and those in all 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, my documented crane-related experience and/or education, 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, consistent with NCCCO's Information Release policy. I further affirm that I have at least five years of crane-related experience and/or relevant education as demonstrated on my Experience Form and accompanying proof-of-experience documentation.

CANDIDATE SIGNATURE	DATE
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METHOD OF PAYMENT

CCO will invoice by email for the payment of the \$50 Experience Form fee. Invoice will be sent from noreply@nccco.org. Your request will not be processed until payment has been received. Please pay promptly to avoid delays in processing.

Email invoice to: _____

Please email this form to CCO at candidate@nccco.org.



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INDUSTRY REFERENCES

Please use this form to list three industry references.

When submitting corresponding documentation, please indicate which contact on this Industry References form each document applies to.

1.	Contact Name:	
	Relationship:	<hr/> <hr/> <hr/> <hr/>
	Phone Number:	
	Email:	
2.	Contact Name:	
	Relationship:	<hr/> <hr/> <hr/> <hr/>
	Phone Number:	
	Email:	
3.	Contact Name:	
	Relationship:	<hr/> <hr/> <hr/> <hr/>
	Phone Number:	
	Email:	

