



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, appropriate documentation, and \$50 Experience Review Fee payment to:

NCCCO—Testing Services Department
5250 S. Commerce Drive, Suite 100
Murray, Utah 84107

Phone: 727-449-8525 ext. 459
Fax: 801-938-9540
Email: ppacheco@nccco.org



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CONTACT INFORMATION & EXPERIENCE ATTESTATION

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

Please type or print neatly. (*Required fields)

FULL LEGAL NAME* <small>(as shown on driver's license)</small>	First	Middle	Last	Suffix (Jr., Sr., III)
CCO CERTIFICATION NUMBER (if previously certified)	DATE OF BIRTH*	CANDIDATE ID: <small>(if previously tested)</small>		
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 #: _____

- | | |
|--|--|
| <input type="checkbox"/> Mobile Crane Operator | <input type="checkbox"/> Rigger Level I |
| <input type="checkbox"/> Tower Crane Operator | <input type="checkbox"/> Rigger Level II |
| <input type="checkbox"/> Overhead Crane Operator | <input type="checkbox"/> Signalperson |
| <input type="checkbox"/> Articulating Crane Operator | <input type="checkbox"/> 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 FOR \$50 CRANE INSPECTOR EXPERIENCE FORM EXPERIENCE REVIEW FEE

<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	<i>Please do not staple your check or money order.</i>
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If paying by credit card, complete the following information:

Do not send cash.

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**



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WORK HISTORY DOCUMENTATION

Use separate copies of this form to list all relevant crane-related experience, using one form for each employer, starting with the most recent. Also please provide documented proof of employment for each position. Documentation can include, but is not limited to, copies of invoices, work orders, pay stubs, and/or letters of recommendation.

Work History: Page _____ of _____

When submitting corresponding documentation, please indicate which page of this Work History form each document applies to.

Employer/Customer*:	
Type of Work:	<input type="checkbox"/> Inspector <input type="checkbox"/> Mechanic <input type="checkbox"/> Operator <input type="checkbox"/> Shop Foreman <input type="checkbox"/> Other: _____
Date(s) of Employment:	
Employer/Customer City, State:	
Contact Person:	
Contact Phone, Fax, and/or Email:	
Type(s) of Cranes:	<input type="checkbox"/> Mobile Cranes <input type="checkbox"/> Overhead Cranes <input type="checkbox"/> Tower Cranes <input type="checkbox"/> Other: _____
Approximate Hours of Relevant Work per Year:	
Description of Work:	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

**If self-employed, please include contact information for customers.*



Crane Inspector Experience Form

RELEVANT POST-SECONDARY, GRADUATE, AND POST-GRADUATE EDUCATION

Use separate copies of this form for each school or institution where you have taken relevant post-secondary, graduate, or post-graduate courses and/or earned degrees. Also please provide proof of education such as copies of diploma, transcripts, etc.

Education: Page _____ of _____

When submitting corresponding documentation, please indicate which page of this Education form each document applies to.

Name of School/ Institution:	
Degree(s) Pursued/Earned:	
Date(s): (mm/yy to mm/yy)	
Relevant courses taken:	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>



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ADDITIONAL COURSES, TECHNICAL TRAINING, CERTIFICATIONS, AND ACCREDITATIONS

Use separate copies of this form for each additional education course, technical training, certification, or accreditation you have earned. Also please provide proof of education such as copies of diploma, certification or certificate received, etc.

Training & Certifications: Page _____ of _____

When submitting corresponding documentation, please indicate which page of this Training & Certifications form each document applies to.

Name of School/ Institution/ Organization:	
Course Title:	
Length of Course:	
Date(s): (mm/yy to mm/yy)	
Certification/Certificate Received:	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>



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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:	



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OTHER COMMENTS OR ATTACHMENTS

Please include any additional comments, attachments, or relevant experience:

Comments/Attachments: Page ____ of ____
When submitting corresponding documentation, please indicate which page of this Other Comments or Attachments form each document applies to.

Ruled area for providing comments or attachments, consisting of multiple horizontal lines within a large rectangular frame.