



**NATIONAL COMMISSION FOR THE
CERTIFICATION OF CRANE OPERATORS (CCO)**

**CANDIDATE
HANDBOOK
(OVERHEAD CRANES)**



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CCO does not discriminate against any individual because of race, gender, age, creed, disability or national origin.



Dear CCO Candidate:

Welcome to the CCO national crane operator certification program.

The National Commission for the Certification of Crane Operators (CCO), a nonprofit corporation, was founded in January 1995 to establish a fair and independent evaluation of crane operator knowledge and skills. Key to this industry-led effort was the development of the CCO Written and Practical Examinations.

This nationally recognized program is the culmination of many years' hard work by experts from the varied industries and groups that use cranes, including construction, steel erection, the operating engineers, utilities, crane rental, petrochemical, pulp and paper, etc. CCO Task Forces were staffed by experts from all aspects of the crane industry—crane operators, training directors, managers, supervisors, manufacturers—representing many thousands of hours of crane operating experience. These volunteers gave freely of their time and expertise with the single goal of improving the safety of all whose work brings them into contact with cranes and lifting equipment.

In order to ensure CCO examinations are, and remain, a valid measurement of a crane operator's proficiency, CCO has teamed this group's knowledge and experience with the exam development expertise of International Assessment Institute. Based in Clearwater, Florida, International Assessment Institute continually analyses the performance of CCO exams and reports to CCO's Exam Management Committee, who it also guides in the development of new examinations. Additionally, International Assessment Institute assists CCO in the administration of its Written and Practical Examinations.

This Candidate Handbook has been developed to provide you with comprehensive information about the CCO Written and Practical Examinations. CCO recognizes the commitment you are about to make, and we want your experience to be a positive and successful one. If, after reading this Handbook, there is anything you do not fully understand or need clarifying, please call CCO at 703/560-2391, or e-mail us at info@nccco.org. CCO staff will be happy to guide you through any aspect of the CCO national crane operator certification program.

Thank you for your interest—and good luck!

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Introduction

PROGRAM DESCRIPTION

The National Commission for the Certification of Crane Operators (CCO) is an independent not-for-profit organization formed to establish and administer a nationwide program of certification for crane operators. The purpose of CCO is to set standards for measuring the knowledge and proficiency required for the safe operation of cranes. Based on extensive discussions with representatives from all segments of business and industry who recognize the impact of safety issues, CCO has identified the following potential benefits of operator certification:

- Reduced risk of loss
- Fewer accidents, injuries and fatalities
- Assurance of operator's abilities
- Less property damage
- Improved safety records
- Enhanced public image of crane operators

All candidates are required to pass both the Written and Practical Examination(s) in order to be certified.

Candidates may take the Practical Exam on either of the following Overhead Crane types:

- Cab Operated
- Pendant/Remote Control

Candidates wishing to take the Practical Examination should contact their Test Site Coordinator.

The initial certification period is for five (5) years, after which an operator is required to recertify. Periodic Written Examination is necessary to ensure that certificants' knowledge of industry standards, equipment, and safety practices keeps pace with changes in these areas. CCO's subject matter experts, working in conjunction with psychometric consultants, reviewed the speed of such change in the industry and researched other comparable certification/licensing programs before determining that this goal could be achieved by setting the examination interval at five years; little, if any, additional benefit, it is believed, would accrue by more frequent testing. A Practical (skills) Examination is not required for recertification providing the certificant meets experience and medical (physical) requirements.

DEVELOPMENT OF THE CCO EXAMINATIONS

The first step in the development of an objective test to measure the knowledge of safe crane operations was a job analysis study. The study identified the knowledge necessary for safe crane operations. A survey was given to a representative number of crane operators, who validated that the knowledge recommended by the experts was vital to safe operations. The test blueprints or content specifications were generated from the validation study.

Development of the Overhead Crane **Written Examination** involved a panel of crane operation content experts who worked with the staff of International Assessment Institute to write and review all questions used in the examination. Each examination contains a unique combination of questions from the question bank. These questions are selected for the examination on the basis of the content areas and specialties as defined by the test blueprints.

The CCO Overhead Crane **Practical Examination** was developed as a fair and objective assessment of the essential skills a crane operator needs in order to safely operate Overhead Cranes.

They were developed over a eighteen month period by a CCO Task Force staffed by experts from all aspects of the crane industry – crane operators, training directors, managers, supervisors, and manufacturers – representing many thousands of hours of crane operating experience.

CCO teamed their knowledge and experience with the exam development expertise of International Assessment Institute who guided the CCO Task Force in establishing key elements of the program, including: identifying essential skills, selecting tasks, standardizing test conditions, developing the scoring process, establishing reliability between tests, and creating flexible application and scheduling procedures.

In concert with the CCO Task Force, International Assessment Institute also designed the Practical Examiner Accreditation Program whereby CCO trains and accredits CCO-certified crane operators to administer CCO Practical Examinations.

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Certification Policies

ELIGIBILITY

Requirements for certification include the following:

- Be at least 18 years of age
- Meet Medical Requirements
- Comply with CCO's Substance Abuse Policy
- Pass Written Examination
- Pass Practical Examination
- Comply with the Code of Ethics

Candidates must pass a Written Exam and a Practical Exam in the category they wish to be certified in. Candidates have twelve months after they pass their first exam (Written or Practical) in which to take the corresponding Written or Practical Exam in the same category. For example, a candidate passing the Written Overhead Crane Exam has 12 months to pass the Overhead Crane Practical Exam.

EXPERIENCE

CCO certification examinations are designed for operators who are trained and who currently work in crane operation.

PHYSICAL EVALUATION

Certified crane operators must continue to meet ASME B30.2 physical requirements throughout their certification period and attest to their agreement to this requirement in their application.

Means of compliance with ASME Physical Requirements include, but are not limited to, the following:

- CCO Physical Examination Form (valid for three (3) years)
- A current DOT (Department of Transportation) Medical Examiner's Certificate (valid for two (2) years)

CCO WRITTEN EXAMINATIONS

The Written Examination program consists of a single examination in Overhead Crane operation. This examination has 60 multiple-choice questions. Candidates are allowed 60 minutes to complete the Overhead Crane Written Examination. Candidates meeting the eligibility requirements may take the Written or Practical Examination in any order.

CCO PRACTICAL EXAMINATIONS

The CCO Practical Examination demonstrating crane operation proficiency is available in either one of the following Overhead Crane types:

- Cab Operated
- Pendant/Remote Control

A candidate must pass both the Written and Practical Examinations in order to be certified for a 5-year period.

CCO CERTIFICATION TIMEFRAMES

Candidates have 12 months from the time they pass the initial Written or Practical test in which to pass the corresponding (Written or Practical) exam.

Candidates who do not take and pass both the Written and Practical Exams within the 12 month time frame will be required to start the certification process again from the beginning.

RECERTIFICATION

CCO certification is valid for five (5) years. Candidates must complete all of their recertification requirements during the 12 months prior to the certification expiration date. This includes:

- Passing the Written Recertification Examination
- Continuing to meet Medical Requirements
- Compliance with CCO's Substance Abuse Policy
- Compliance with the Code of Ethics

Candidates who can document at least 1,000 hours crane-related experience during their period of certification, do not need to take the Practical Exam to recertify.

Crane related experience is defined as: operating, maintenance, inspection or training. However, candidates who do need to take the Practical Exam for any reason must do so before their certification expires. There is no "grace period" after the date of expiration. Candidates whose certification has lapsed must take the full Written and Practical Examinations over again in order to be recertified.

Recertification candidates are allowed two (2) attempts to pass the Overhead Crane Recertification Written Exam before their certification expires. Candidates who are unsuccessful after two (2) attempts must take and pass the regular Overhead Crane Written Exam.

Certified candidates may take their Written Recertification Examinations up to one (1) year prior to the date of expiration. Regardless of the date of the recertification examination within that one year period, the new five-year certification period begins from the date of expiration of the candidate's initial certification.

[Note: Candidates who recertify more than 12 months prior to their expiration date will have their new certification period begin immediately, not from the end of their current certification period.]

Recertification exams are available at regularly scheduled test administrations. Candidates wishing to recertify should contact the Test Site Coordinator who set up the initial certification. Candidates whose employment circumstances have changed should ask their new employer to schedule a test administration.

For more information about recertification, please contact CCO's Recertification Department at (703) 560-2391 or via e-mail at info@nccco.org.

CODE OF ETHICS FOR CERTIFIED CRANE OPERATORS

CCO Operators must comply with the NCCCO's Code of Ethics during their certification as illustrated below:

As a CCO-Certified Crane Operator, I will perform my work in a manner:

- (i) free of bias with regard to religion, ethnicity, gender, age, national origin and disability.
- (ii) so as to place the safety and welfare of workers associated with the lifting operation above all other considerations.
- (iii) so as to protect nearby general public property and the environment.

In addition, I will:

- (iv) make my management aware if I have safety concerns relating to the lifting operations which I am performing.
- (v) not knowingly violate safety related regulations, warnings or instructions set forth by OSHA, recognized safety standards, or the crane manufacturer.
- (vi) not misrepresent or knowingly deceive others concerning my experience or the capabilities of myself or the crane I am operating.

- (vii) not misrepresent or misuse my certification card or the NCCCO logo, which are the property of NCCCO, and I understand that I must return the card to NCCCO immediately if required to do so.

DISCIPLINARY POLICY

CCO's Ethics and Discipline Committee is responsible for establishing and implementing standards of conduct, such as ethical standards, policies and procedures for disciplinary action. Grounds for revocation of certification status shall include, but not be limited to the following:

- Period of certification exceeded without renewal.
- Evidence of falsification of any information on any documents submitted to CCO or its agents.
- Evidence of non-compliance with CCO's Substance Abuse Policy.
- Evidence of culpability in an accident during certification period.
- Evidence of non-compliance with ASME B30 medical requirements.
- Evidence of non-compliance with the Code of Ethics.

Certified operators, who wish to appeal a decision regarding revocation of their operator status, must do so in writing, stating the grounds for the appeal. This should be addressed to:

Executive Director
National Commission for the Certification
of Crane Operators (CCO)
2750 Prosperity Avenue, Suite 505
Fairfax, VA 22031

NCCCO has established policies and procedures to fairly and consistently address alleged violations of the Code of Ethics. The complaints procedures have been designed to ensure that only valid and actionable complaints are investigated and considered, and that all parties involved in the complaint have an opportunity to document circumstances warranting the complaint, and to respond to the complaint.

NCCCO has a two-tier process to ensure that issues regarding the practice and conduct of certified crane operators are fairly and reasonably investigated and determined, and that the public is protected against unprofessional and unethical conduct by certificants. Complaints against certificants are initially investigated by NCCCO's Manager of Test Integrity who reports to NCCCO's Ethics and Discipline Committee. If the complaint is considered actionable,

the Ethics and Discipline Committee informs both the certificant and the complainant of the official opening of the investigation. Following the investigation of the complaint, the Ethics and Discipline Committee informs the certificant and the complainant of its decision. If a sanction is imposed, the certificant may request an appeal of the decision to the NCCCCO Board of Directors. The decision of the NCCCCO Board of Directors is final.

SUBSTANCE ABUSE POLICY

It is the policy of CCO that crane operators shall not use a prescribed or over-the-counter substance which would impair the ability to operate cranes safely.

This includes illegal drugs, controlled substances (including trace amounts), look-alike drugs, designer drugs, or any other substance which may have an effect on the human body of being a narcotic, depressant, stimulant or hallucinogen. An exception to this rule is that an operator may use such a substance or drug if it is prescribed by a licensed medical practitioner who is familiar with the operator's medical history and all assigned duties, and who has advised the operator that the prescribed substance or drug will not adversely affect the operator's ability to safely operate an Overhead crane.

CCO-certified crane operators shall comply with the substance abuse testing provisions of ASME B30.2.

It is a condition of certification that crane operators certified by CCO attest to their compliance with this Substance Abuse Policy. Non-compliance with this policy automatically revokes a candidate's certification status.

CERTIFICATION CARDS

Certified operators receive a laminated photo ID card at no cost when they certify for the first time and when they complete the requirements for recertification.

A certified operator may only hold one certification card at one time. If a candidate has previously certified in Mobile and/or Tower cranes and subsequently becomes certified in Overhead cranes, (s)he may request an updated certification card.

Updated or replacement cards may be obtained from International Assessment Institute at a cost of \$25.00.

CHANGE OF ADDRESS

If you change your address you must notify CCO as soon as possible. Failure to do so may cause you to miss important updates on the CCO program that could affect your certification.

Changes of address should be sent to International Assessment Institute (IAI). They must be in writing, but can be sent via letter or fax. A form is provided for this purpose in this Handbook.

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Overhead Crane Written Examination Process

APPLICATION PROCESS TO TAKE THE WRITTEN EXAMINATION

Candidates wishing to sit for the CCO Overhead Crane Examination may request an application form or obtain further information from either the National Commission for the Certification of Crane Operators (CCO) or International Assessment Institute. Candidate applications must be submitted with the appropriate documentation to International Assessment Institute. Applications are due two (2) weeks prior to the scheduled examination date.

Information about the specific locations of the test sites will be available approximately four (4) weeks prior to the examination. Candidates eligible to sit for the examination will receive an admission letter approximately one (1) week before the scheduled test administration date.

Candidates Requesting Special Accommodations

Arrangements for persons with disabilities will be provided upon request, in conformance with the Americans with Disabilities Act (ADA).

Professional documentation in support of a request for accommodations must be submitted to CCO no later than four (4) weeks prior to your scheduled test date. You may contact CCO for further information.

SUBMISSION OF APPLICATION

The Candidate Application and Physical Examination forms are located at the back of this Handbook. These forms can be easily photocopied for your use.

The Candidate Application with the appropriate fees, as well as any correspondence and request for information concerning the administration of the CCO Certification Examinations, should be directed to:

International Assessment Institute
—Attention: CCO Testing
600 Cleveland Street, Suite 900
Clearwater, Florida 33755
Phone: (727) 449-8525/Fax: (727) 461-2746

Check your application to ensure that all information is accurate and complete. In addition to your completed application, make sure you have enclosed:

- the appropriate fees

Follow the directions carefully when filling in the information required. Incomplete applications, incorrect payment, and/or inaccurate documentation will delay the processing and incur additional fees. It could result in your NOT being able to sit for the examination.

Therefore, please be sure your application is complete and the payment is correct.

Deadlines

Please note that all deadlines are UPON RECEIPT deadlines and that candidates and the Test Site Coordinator are solely responsible for making sure that completed and accurate applications reach International Assessment Institute by the stated deadline.

APPLICATION FEE

The appropriate fee must be enclosed with your application. Checks and money orders payable to International Assessment Institute are preferred. You may also pay by credit card – VISA, MasterCard, or AMEX. Do not send cash. Please do not staple your check or money order to your application form, but do include your payment in the envelope with all the other application materials. **All returned checks will be subject to a \$25 fee.**

The Fees for the Written Examinations are:

| | |
|--|-------|
| Written Exam | \$165 |
| <i>For candidates who have previously registered or are registering for the Mobile Crane Examinations:</i> | |
| Written Exam | \$50 |
| <i>For candidates <u>who are already certified in Mobile Cranes:</u></i> | |
| Written Exam (<i>new, updated certification card issued</i>) | \$75 |
| Written Exam (<i>certification card not updated</i>) | \$50 |

The same fees apply for retest candidates.

Other Fees:

You will be charged an additional \$50 fee if your application is late.

You will be charged an additional \$25 fee if:

- you wish to reschedule without a valid reason; (see *Emergency Cancellations or Withdrawals*).
- you need a replacement certification card.

You will be charged an additional \$30 fee if:

- your application form is incomplete;
- you do not send in full payment;
- your credit card cannot be processed for any reason;
- you want to add to, or change, the exams you want to take after scheduling has been completed (in addition to the exam fee).

Your application materials must be received at International Assessment Institute's office according to the sample test schedule outline in this Candidate Handbook.

Applications received after the main application deadline, but at least four (4) business days prior to the exam administration deadline, can be accepted for an additional \$50 late fee. For example, for a test administration on a Saturday, late applications that arrive at IAI's testing office by 5pm (ET) on the Monday evening prior can be accepted.

Candidate applications that arrive after that time cannot be accepted. **Walk-in candidates cannot be accepted under any circumstances.**

RESCHEDULING, CANCELLATIONS, AND WITHDRAWALS

Should you be unable to sit for the examination, International Assessment Institute must receive notification in writing no later than seven (7) business days prior to the examination date. Your fees will be held until you reschedule. When you reschedule you will need to pay an additional \$25.00 rescheduling fee. Candidates who wish to reschedule their CCO Written Examination **MUST** notify International Assessment Institute and submit the necessary documentation and fees to International Assessment Institute by the deadline for the rescheduled test date.

Candidates withdrawing or canceling after the deadline or not sitting for the examination will forfeit all application fees and will NOT receive a refund.

Emergency Cancellations or Withdrawals

ONLY the following situations will be accepted as grounds for emergency cancellations or withdrawals:

- Called to work — supporting documentation required: letter from employer;
- Candidate illness — supporting documentation required: doctor's note;
- Family death — supporting documentation required: death certificate or obituary notice.

Requests for medical and personal emergency withdrawals are handled by International Assessment Institute. Please write a letter to International Assessment Institute describing your situation. Be sure to include your full name, address and social security number along with the scheduled test date, site number, and supporting documentation indicated above.

International Assessment Institute **MUST** receive your written notification within seven (7) business days after the scheduled examination date or you will forfeit ALL application fees. You will be allowed to reschedule for a future examination administration. *You will NOT receive a refund if you decide you no longer wish to take the test.*

TEST ADMINISTRATION SCHEDULE FOR THE CCO EXAMINATIONS

The CCO Written Certification Examinations are available for administration on demand with at least four (4) weeks notice.

APPLICATION DEADLINES

Tests can be administered at any time so long as the application deadlines are adhered to. Sample deadlines shown are for a test date of January 29.

| JANUARY | | | | | | | |
|--|----|----|----|----|----|----|----|
| | S | M | T | W | T | F | S |
| Test Site Application Form and Written Test Administration Request Form due four (4) weeks prior to test date. | 1 | 2 | 3 | 4 | 5 | 6 | |
| | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| Candidate Applications due two (2) weeks prior to test. | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| | 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| Test Day | 28 | 29 | 30 | 31 | | | |

ADMISSION LETTERS

Approximately one (1) week before the scheduled test date, registered and eligible candidates approved to take the CCO Written Certification Examinations will receive an admission letter by mail. The admission letter will contain information regarding the test center address, the reporting time, the examination(s) the candidate registered for and the materials candidates will need to bring with them on the day of the administration. This admission letter must be presented at the test site to gain admittance to the examination(s).

No candidate will be allowed to sit for the examination unless an admission letter, valid for the specific test date, is presented. Candidates who have registered late and paid the candidate late fees will need to present their photo ID at the test site.

TEST SITE INFORMATION

Identification at the Test Site

In addition to an admission letter valid for the specific test date, candidates must bring government issued photo identification to the test site on the day of the administration. Candidates will be required to sign the test site roster upon entry to the testing area. Acceptable forms of photo identification are:

- passport
- government issued driver's license
- work identification

NOTE: Candidates without appropriate identification documents will NOT be admitted to take the Written Certification Examination(s).

Materials to Bring to the Test Site

Each candidate must bring the following items to the test site:

- Government issued photo ID
- The admission letter for the specific test date
- Two (2) sharpened #2 pencils (to complete the examination answer sheet)
- A good eraser

NOTE: No books, scratch paper, calculators, beepers, cellular phones or other materials will be allowed in the examination room.

Test Security

For the purposes of test security, candidates who sit for the CCO examination(s) acknowledge that they understand the following:

- This examination is the exclusive property of CCO.
- This examination and the questions contained therein are protected by federal copyright law. No part of the examination(s) may be copied, reproduced in part or whole by any means whatsoever, including memorization.
- Theft or attempted theft of an examination booklet or any of its pages is punishable as a felony.
- Candidate participation in any irregularity occurring during the examination, such as giving or obtaining unauthorized information or aid, as evidenced by an observation or subsequent statistical analysis, may be sufficient cause to terminate participation, invalidate the results of the examination or other appropriate remedy.
- Candidates verify that they have successfully met the physical/medical requirements and are eligible to take this examination. If at any time it is confirmed a candidate has not met all the requirements, candidates will no longer be eligible for certification.
- A candidate's signature on the answer sheet for the administration of the examination confirms that the candidate has read and understands the above statements.

Candidate Question Comment Forms

Candidates can comment on the examination(s) as a whole or on specific items within an examination by writing the comments on the Candidate Question Comment Form. These comments should be accompanied by the candidate's name (which is optional), the specific examination and question referred to, the site code and test date. Examination comments are reviewed by CCO content experts on a regular basis.

NOTE: Only comments completed on the Candidate Question Comment Form at the test site will be considered for review.

TEST SCORING INFORMATION

Test Scoring

The CCO Written Certification Examinations are criterion-referenced examinations; i.e., the passing score is set beforehand, and candidate performance on the examination is not compared to the performance of others taking the examination. In a criterion-referenced examination, a candidate must obtain a score equal to or higher than the “passing score” to pass the test. The passing scores represent absolute standards and are determined by panels of CCO content experts using psychometrically accepted standard-setting methodology.

Score Reporting

The Written Examinations are electronically scored by International Assessment Institute. For this reason, it is important to complete the answer sheet according to the instructions provided by the Chief Examiner on the day of the exam. Candidates will receive credit only for answers recorded on the scannable answer sheet.

Answers marked in the test booklet(s) will **NOT** be counted toward a candidate’s score.

All candidates will receive a score report of their performance. Examination results are mailed to candidates approximately twelve (12) business days after the examination administration.

In reporting the examination results to candidates, statistical procedures are used to convert raw scores (i.e., the number of test questions answered correctly) to scaled scores which are equivalent of all administrations of the examination(s). The scaled score is not a “number answered correctly” score.

Candidate results will be reported as a scaled score, on a scale ranging from 0 to 100 points, with a score of 70 representing the “minimum passing” score.

Candidate scores cannot be given over the telephone.

Hand Score Requests

Candidates not passing the examination(s) may request from International Assessment Institute a hand scoring of the answer sheet, provided the request is made in writing within three months of the test date, and the request is accompanied by a processing fee of \$25 for one (1) test score and \$50 for two (2) or more failed test scores per test administration. Requests should be mailed to:

International Assessment Institute

— Attention: CCO Testing

600 Cleveland Street, Suite 900

Clearwater, Florida 33755

Phone: (727) 449-8525/Fax: (727) 461-2746

In the event that the hand scoring of a failing candidate’s answer sheet results in a passing score, the fee will be refunded in full.

Retaking the Examination(s)

Candidates who fail an examination(s) may retake the examination(s). Candidates will need to reapply and pay all corresponding fees.

Information Release Policy

CCO may release any information regarding a candidate’s examination application and a candidate’s examination administration to any employer, regulatory agency or any other person or entity that may inquire in writing to the Commission.

The name and certification status of individuals who have successfully completed the CCO examinations may be published and released upon request to employers and other interested parties. CCO and International Assessment Institute will discuss score-related matters with the candidate or the candidate’s legal representative only.



Overhead Crane Written Exam Outline

The Overhead Crane Written Examination certification program tests the following knowledge areas relating to the operation of Overhead Cranes.

Domain 1: Pre-Operation Activities
(Approximately 27% of Test)

Domain 2: Work Requirements
(Approximately 27% of Test)

Domain 3: Load Handling
(Approximately 27% of Test)

Domain 4: Shutdown & Secure
(Approximately 4% of Test)

Domain 5: Technical Knowledge
(Approximately 15% of Test)

DOMAIN 1: PRE-OPERATION ACTIVITIES (Approximately 27% of Test)

1. Knowledge of emergency shutdown procedures.
2. Know where to locate and verify access to main runway disconnect.
3. Knowledge of lockout/tag-out condition resolutions.
4. Knowledge of initial inspection of both visual and audible hazards.
5. Knowledge of proper control labeling and conditioning.
6. Knowledge of pendant control strain relief requirements.
7. Knowledge of warning and capacity labeling requirements.
8. Know where to check for oil leaks.
9. Knowledge of wire rope or chain condition and proper spooling.
10. Knowledge of applicable requirements for guards.
11. Knowledge of applicable fire extinguisher requirements.
12. Knowledge of emergency stop function.
13. Knowledge of applicable bumper/stop requirements.
14. Knowledge of AMSE B30.2 control layout.
15. Knowledge of all limit devices and control functions.
16. Knowledge of brake test procedure.
17. Knowledge of all warning devices.

18. Knowledge of load block, hook, and latch requirements.

DOMAIN 2: WORK REQUIREMENTS (Approximately 27% of Test)

1. Determine how much the load weighs.
2. Know the proper use of below the hook lifting devices (ASME B30.20).
3. Know proper rigging selection and applications.
4. Know how to move crane into correct lifting position to assure true vertical lift of load.
5. Know how to avoid side pulling or swinging of load during start, stop, and travel.
6. Identify signal person.
7. Know AMSE B30.2 hand signals.
8. Communicate lift activity to other workers.

DOMAIN 3: LOAD HANDLING (Approximately 27% of Test)

1. Verify communication devices (i.e. radios) are functioning correctly.
2. Perform hoist brake check with load.
3. Verify crane and load path is clear of personnel and obstructions.
4. Know when to activate warning alarm system.
5. Know how to operate hoist, bridge, and trolley safely.
6. Know how to avoid shock loading.
7. Know how to minimize load swing.
8. Verify floor capacity, know how to safely set load down and remove rigging.

DOMAIN 4: SHUTDOWN AND SECURE (Approximately 4% of Test)

1. Know where to park the crane.
2. Know shutdown procedures.
3. Report deficiencies or problems to supervision.

DOMAIN 5: TECHNICAL KNOWLEDGE

(Approximately 15% of Test)

1. Knowledge of ASME B30.2-Overhead and Gantry Cranes (Top Running Bridge, Single or Multiple Girder, Top Running Trolley Hoist).
2. Knowledge of ASME B30.20 - Below-the-Hook Lifting Devices.
3. Knowledge of OSHA 1910.179 - Overhead and Gantry Cranes.
4. Knowledge of OSHA 1910.184 - Slings.
5. Knowledge of other applicable rules, standards, and regulations.
6. Knowledge of crane manufacturer's operating instructions.
7. Knowledge of functions and limitations of crane components and attachments.



Sample Questions

The following are sample test questions typical of the style and content of the questions used in the CCO Written Certification Examinations.

1. Creating a braking motion by applying energy to reverse the motor is called
 - (A) stopping.
 - (B) plugging.
 - (C) inching.
 - (D) jogging.

2. A hook's opening is called its
 - (A) latch gap.
 - (B) tongue.
 - (C) throat.
 - (D) mouth.

3. The OSHA CFR 29 standard relating to slings is
 - (A) 1910.179.
 - (B) 1910.181.
 - (C) 1910.184.
 - (D) 1910.198.

4. ASME B30.2 standards
 - (A) have no binding effect on the overhead crane industry.
 - (B) guide US government and other regulatory bodies on overhead crane criteria.
 - (C) guide US government and other regulatory bodies on tower cranes.
 - (D) are accepted internationally.

5. According to ASME B30.20, below-the-hook lifting devices shall be operated by
 - (A) reliable persons.
 - (B) trained persons.
 - (C) knowledgeable persons.
 - (D) anyone.

6. The weight markings must be identified on a structural or mechanical below-the-hook lifting device if the weight exceeds
 - (A) 50 lbs.
 - (B) 100 lbs.
 - (C) 150 lbs.
 - (D) 200 lbs.

| | |
|------------|--------|
| 6 | B |
| 5 | B |
| 4 | B |
| 3 | C |
| 2 | C |
| 1 | B |
| Question # | Answer |



Reference List

The following reference materials are used by CCO's Examination Committee to verify the accuracy of CCO test questions.

ASME B30.2 (2001) \$64.00
OVERHEAD AND GANTRY CRANES

Order by Internet:

www.asme.org

Check, VISA, MasterCard, American Express,
Discover, Diner's Club

ASME B30.20 (2003) \$60.00
BELOW THE HOOK LIFTING DEVICES

American Society of Mechanical Engineers
22 Law Drive, Box 2900
Fairfield, NJ 07007

Order by Internet:

www.asme.org

Check, VISA, MasterCard, American Express,
Discover, Diner's Club

OSHA SAFETY AND HEALTH STANDARDS
FOR THE CONSTRUCTION INDUSTRY (29
CFR PART 1910) SUBPART N-OVERHEAD &
GANTRY CRANES, SUBPART N- SLINGS
MATERIALS HANDLING AND STORAGE

Order by Internet:

www.osha.gov

Order by Mail:

NCCCO

2750 Prosperity Avenue, Suite 505
Fairfax, VA 22031-4312

Ph: 703-560-2391 / Fax: 703-560-2392

E-Mail: info@nccco.org

IPT'S CRANE AND RIGGING
TRAINING MANUAL \$31.00

+ S&H \$7.00

Order by Mail:

IPT Publishing and Training Ltd.

P.O. Box 9590

Edmonton, Alberta, T6E 5X2 Canada

Ph: 780-962-4548 / Fax: 780-962-4819

Website: www.iptbooks.com

VISA, MasterCard, American Express, Check,
Money Order

BOB'S OVERHEAD CRANE & RIGGING
HANDBOOK

Desk Size \$21.00

Pocket Size \$10.00

Order by Mail:

Pellow Engineering Services, Inc.

406 West 50th Street

Kansas City, MO 64112

Ph: 877-473-5569 / Fax: 816-931-4113

Website: www.donpellow.com

VISA, MasterCard, Check, Money Order

CMAA CRANE OPERATION MANUAL (2000)

\$5.00

+ S&H \$5.00

Order by Mail:

Material Handling Institute

8720 Red Oak Boulevard, Suite 201

Charlotte, NC 28217

Ph: 704-676-1190 / Fax: 704-676-1199

Website: www.mhia.org

VISA, MasterCard, American Express, Check,
Money Order



Practical Examination Process

ELIGIBILITY

Candidates must pass a Written Exam and a Practical Exam in the category they wish to be certified in. Candidates have twelve months after they pass their first exam (Written or Practical) in which to take the corresponding Written or Practical Exam in the same category. For example, a candidate passing the Written Overhead Crane Exam has 12 months to pass the Overhead Crane Practical Exam.

Candidates who do not take and pass both the Written and Practical Exams within the 12 month time frame will be required to start the certification process again from the beginning.

SKILLS TESTED

The CCO Overhead Crane Practical Exam can be taken on one of the following crane types:

- Cab Operated
- Pendant/Remote Control

The Practical Examination is comprised of four main tasks that increase progressively in the skill level tested. Skills tested are: trolley travel, hoisting, bridge travel, and combination (multifunction) operations. Crane operation with load and without load is required.

CCO provides a test site layout for each type of Overhead Crane for the Practical Examination to ensure the examination remains standardized for all candidates wherever and whenever they may test.

SCHEDULING A TEST

A candidate for the Practical Examination should contact their Test Site Coordinator to determine the date of the next scheduled Practical Exam. Alternatively, the candidate may contact CCO for this information.

You must bring your completed Practical Exam Candidate Application Form with you to your scheduled examination, along with any required supporting materials.

TEST DAY

Candidates must report to the test site at the scheduled time. Candidates are required to bring personal protective equipment to wear during the test, including at a minimum: hard hat, work boots and suitable work clothing.

PRACTICAL SCORING

Candidate performance on the Practical Examination is recorded by a Practical Examiner accredited by CCO.

Examiner requirements include meeting CCO requirements for certification, passing the Written and Practical Exams and successfully completing an accreditation workshop.

The testing procedure has been developed to provide the highest degree of standardization and reliability. The Examiner's task is primarily to record the performance of the candidate.

A candidate may lose points either through operational errors or exceeding established optimum time limits. The scoring of candidates' performance is done off-site at the facilities of International Assessment Institute.

PRACTICAL SCORE REPORTING

All candidates receive a score report of their performance. Examination results are mailed to candidates approximately twelve (12) business days after the receipt of Practical Examination score sheets by International Assessment Institute.

Please note that while Practical Examiners are encouraged to expedite score sheets after each test administration, they may "batch" score sheets from several test administrations over a number of days.

This may mean candidates receive their score reports from IAI more than three weeks after their test administration.

Both the Practical Examination and the scoring system have been validated by CCO's pilot testing program and verified by International Assessment Institute. The score of 74 represents the "minimum passing" score for the practical examinations.

PRACTICAL CANDIDATE FEES

The appropriate fee must be submitted with your application through your test site coordinator. The same fee applies for retest candidates.

- Practical Examination Candidate Fee \$ 60
- Candidates who have previously registered or are registering for the Mobile Crane Examinations at the same time or are already certified in Mobile Cranes. \$ 50

PRACTICAL HAND SCORE REQUESTS

Candidates not passing the examination(s) may request from International Assessment Institute a hand scoring of the answer sheet, provided the request is made in writing within three months of the test date, and the request is accompanied by a processing fee of \$25 for each test requested. Requests should be mailed to:

International Assessment Institute

— **Attention: CCO Testing**

600 Cleveland Street, Suite 900

Clearwater, Florida 33755

Phone: (727) 449-8525/Fax: (727) 461-2746

In the event that the hand scoring of a failing candidate's answer sheet results in a passing score, the fee will be refunded in full.



Practical Exam Outline

The following is an outline of the practical testing procedure, as provided to candidates at the time of testing.

CANDIDATE INFORMATION AND INSTRUCTIONS

The following sections describe the specific tasks you will be performing when taking the Practical Examination. It is important that you understand these instructions. If there is anything you do not understand, please request clarification from the Examiner.

TASKS

The Four Tasks are:

- Task 1: True Vertical Lift
- Task 2: Place Load in Circle
- Task 3: Negotiate Right Angle Corridor with Obstructions
- Task 4: Trolley Laydown

There is also a Pre-Test Briefing, and a Pre-Test Familiarization Period. You will be required to complete all phases of the test in sequence.

You must report to the test site at the scheduled time. You are required to bring personal protective equipment to wear during the test including at a minimum: hard hat, work boots, and suitable work clothing.

The Test Site Coordinator is responsible for setting the testing schedule. If you are familiar with the operation of the test crane, you may elect to test first to allow other candidates time to review the operator's manuals and load charts. Otherwise, selection shall be by random drawing or by assignment of the Test Site Coordinator.

During the Practical Examination, you are under the direction of the Examiner and must follow the Examiner's directions at all times.

Once you have completed all of the tests you are taking, you must leave the testing area. Only personnel involved in the administration of the test are allowed in the test area.

TIME LIMITS

For Task 1, Task 2, Task 3, and Task 4 an "optimum" time limit has been set. If the task is completed within this time period, you receive no time penalty.

Once you exceed this time limit, you will lose points on a gradual basis. If you take twice as long as the optimum time, you will have lost all the points allotted to that particular task. The "optimum" time for each task is stated as part of the task descriptions.

PRE-TEST BRIEFING

While you are waiting to take your test you will have sufficient time to read this description of the tasks to be performed and review the operator's manual for the crane you will operate. In addition, you will be informed of the make and model of the crane and the weight of the test load. You will also watch a short video showing all the tasks you will be required to perform during the examination.

Note that:

- Candidates may not walk through the Right Angle Corridor at any time during the exam.

Circumventing the Course

"Circumventing the course" on the CCO Overhead Crane Practical Exam is defined as when the load:

- leaves the Right Angle Corridor and passes more than one pole without touching them before re-entering the corridor; *or*
- "leapfrogs" from one leg of the Right Angle Corridor to another with the chain off the ground; *or*
- passes more than four (4) poles consecutively with the chain off the ground, inside or outside of the corridor; *or*
- touches any part of the candidate's body during the exam.

The Examiner has the authority to stop the exam at anytime if he feels that the candidate is attempting to circumvent any task.

UNSAFE ACT

If at any time during the Pre-Test Familiarization Period or during the test, you commit an "unsafe" act, you will be disqualified from continuing with the test. An "unsafe" act includes the following:

- Dropping the load hook or Test Weight (on ground);
- Contacting load or load line with pendant or pendant line;
- Uncontrolled or reckless operation;
- Failure to respond to a "Stop" signal;

- Any action that in the judgment of the Examiner could endanger personnel or equipment at the test site.

The Examiner has the authority to stop the test at any time for reasons of safety. Please ask the Examiner if you have questions

If you are disqualified due to an unsafe act, your case will be reviewed by IAI and CCO, and you will be notified as to your eligibility for rescheduling your practical test.

TASK 1: TRUE VERTICAL LIFT:

Optimum Time — Two (2) minutes

- At the Examiners indication to start at which point timing will begin, the candidate should raise the load hook to clear all obstacles and personnel.
- The candidate should bring the load hook from Circle #1 to the Test Weight Circle so that the hook is positioned within 12 in. of the center of the Test Weight and within 12 in. of the top of the Test Weight.
- At the candidate's indication, the Proctor will attach the Test Weight. Timing will end once the candidate has verbally indicated that the Test Weight should be connected to the crane hook. The candidate may adjust the position of the hook after the rigging is attached to the Test Weight.
- At the Examiners indication, the candidate will lift the Test Weight until the chain leaves the floor. The candidate is not allowed to bridge or trolley once the Examiner has given the hoist signal.
- Once the Test Weight chain has left the floor, the Examiner will give the candidate a stop signal, lower signal, and stop signal in that order.
- Points will be deducted for the following:
 - Test Weight touching ground outside of the 42 in. circle;
 - Test Weight touching any part of the course;
 - Exceeding the optimum time.

TASK 2: PLACE LOAD IN CIRCLE

Optimum Time — Two minutes 30 seconds (2:30)

- At the Examiner's indication to start at which point timing will begin, bring the Test Weight from the Test Weight Circle to Circle #1.
- Trolley, bridge, or hoist as necessary to place the Test Weight on the ground completely within Circle #1.
- Do not let any part of the Test Weight make contact with the PVC barrier that surrounds the Test Weight Circle or the Right Angle Corridor.
- Timing will end when you have placed the Test Weight on the ground in Circle #1. Task is not complete until the load is placed completely within the outside perimeter of the circle and the Examiner has given you a stop signal. If the Examiner has not given you a stop signal, this will indicate that the weight is not within the circle and the task continues to be timed.
- Points will be deducted for the following:
 - Exceeding the optimum time;
 - Hitting any part of the course;
 - Load touching ground outside of circle.

TASK 3: NEGOTIATE RIGHT ANGLE CORRIDOR WITH OBSTRUCTIONS:

Optimum Time — Four minutes thirty seconds (4:30)

- At the Examiner's direction to start at which point timing will begin, lift the Test Weight and trolley, bridge, or hoist up or down as you judge necessary to guide the load from Circle #1 through the Right Angle Corridor to the Test Weight Circle.
- While keeping the chain on the floor, move the Test Weight through the corridor until the vertical part of the chain has passed the line located 4 ft. before the first horizontal pole obstruction.
- Raise the Test Weight and chain over the obstruction without touching or knocking off the horizontal pole.
- Lower the Test Weight within the designated area after the horizontal pole obstruction and before the second line, until only the chain is touching the floor.
- While keeping the chain on the floor, use the bridge and trolley controls to move the suspended Test Weight along the corridor from the first horizontal pole toward the Test Weight Circle without touching or knocking over any part of the PVC barrier.

- After passing the line that is 4 ft. before the second horizontal pole, raise the Test Weight and chain high enough to clear the horizontal pole and PVC pole barriers and place the Test Weight within the Test Weight Circle.
- Timing will end with the task completed, when you have placed the Test Weight on the ground completely within the outside perimeter of the larger Test Weight Circle and the Examiner has given you a stop signal. If the Examiner has not given you a stop signal, this will indicate that the weight is not within the circle and the task continues to be timed.
- Points will be deducted for the following:
 - Knocking ball off pole;
 - Moving pole base off line;
 - Knocking pole over;
 - Chain leaving ground outside of designated areas;
 - Passing poles with chain off the ground;
 - Load touching ground outside of circles;
 - Touching or knocking off horizontal bars;
 - Circumventing the task;
 - Exceeding the optimum time.

TASK 4: TROLLEY LAYDOWN

Optimum Time — Two (2) minutes.

- At the Examiner's direction, position the chain and ring assembly directly over the pin.
- The Examiner will then position the pin before beginning Task 4.
- At the Examiner's indication to start at which point timing will begin, bridge, trolley and lower or hoist the load as you judge necessary to lay down the master links into the square targets.
- The Examiner will say "Go," when the Master Links are down and stable, inside or outside the target.
- Do not apply excessive side load pressure that could pop the ring off the pin.
- Timing will end when the 3rd set of master links have been placed in the square target under control.
- Points will be deducted for the following:
 - Master links missing target;
 - Ring pops off pin;
 - Exceeding the optimum time.

POST TEST PROCEDURES

Once you have completed the Practical Examination:

- The Examiner will record your performance.
- The Examiner is not permitted to review your score sheet or discuss your performance on the test.
- Exam results will be mailed to you within approximately twelve (12) working days of International Assessment Institute's receipt of the score sheet.
- For tests on any other cranes you have made formal application to test on, return to the candidate briefing area.
- If you have completed all of your tests, you must leave the test site.

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Candidate Application Forms

Please photocopy all sides of the following forms for your use in applying for the CCO Written and Practical Examinations.

Candidate Application - Written Examination

Physical Examination Form

Physician Instructions for Medical Examination

Candidate Application - Practical Examination

Candidate Recertification Application - Written Examination

Change of Address Form

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CANDIDATE APPLICATION

WRITTEN EXAMINATION – OVERHEAD CRANE

Please type or print neatly

| | | | | | | | | | | | | |
|--|---|---------------|--|--|--|--|--|--|--|--|--|--|
| NAME <i>First</i> <i>Middle</i> <i>Last</i> | | | | | | | | | | | | |
| CCO CERTIFICATION NUMBER <i>(If previously certified)</i> | SOCIAL SECURITY # <table border="1" style="display: inline-table; border-collapse: collapse; width: 100px; height: 20px;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table> | | | | | | | | | | | |
| | | | | | | | | | | | | |
| MAILING ADDRESS | | DATE OF BIRTH | | | | | | | | | | |
| CITY | STATE | ZIP | | | | | | | | | | |
| PHONE | CELL | FAX | | | | | | | | | | |
| COMPANY / ORGANIZATION | | E-MAIL | | | | | | | | | | |
| COMPANY MAILING ADDRESS | | PHONE | | | | | | | | | | |
| COMPANY MAILING ADDRESS | | | | | | | | | | | | |
| CITY | STATE | ZIP | | | | | | | | | | |
| ARE YOU A RETEST CANDIDATE? <input type="checkbox"/> NO <input type="checkbox"/> YES Date last tested: ___ / ___ / ___ | | | | | | | | | | | | |

WRITTEN EXAMINATION FOR WHICH YOU ARE APPLYING

BUBBLE IN the circle next to the Written Exam category for which you are applying.

| EXAM DESCRIPTION | EXAM FEES |
|---|---|
| <input type="radio"/> Overhead Crane Written Exam <i>(Overhead Crane candidates only)</i> | 653601 \$165 <input type="checkbox"/> |
| <input type="radio"/> Overhead Crane Written Exam <i>(For candidates who are also registering for Mobile Crane Examination at the same time.)</i> | 653601 \$50 <input type="checkbox"/> |
| <input type="radio"/> Overhead Crane Written Exam <i>(For candidates who are already certified in Mobile Cranes, new updated certification card issued.)</i> | 653601 \$75 <input type="checkbox"/> |
| <input type="radio"/> Overhead Crane Written Exam <i>(For candidates who are already certified in Mobile Cranes, certification card <u>not</u> updated.)</i> | 653601 \$50 <input type="checkbox"/> |
| ADDITIONAL FEES | |
| <input type="radio"/> Candidate Late Fee <i>(If applicable)</i> | \$50 <input type="checkbox"/> |
| <input type="radio"/> Incomplete Application Fee <i>(If applicable)</i> | \$30 <input type="checkbox"/> |
| TOTAL AMOUNT ENCLOSED | \$ |

CANDIDATE APPLICATION (CONT'D)

WRITTEN EXAMINATION

TEST SITE AT WHICH YOU INTEND TO TAKE THE WRITTEN EXAMINATION

PAGE 2 OF 2




| | | | |
|---------------------------|--|-----|--|
| TEST SITE NAME | TEST SITE COORDINATOR | | |
| TEST SITE MAILING ADDRESS | | | |
| CITY | STATE | ZIP | |
| TEST SITE NUMBER | DATE YOU INTEND TO TAKE THE CCO EXAMINATIONS (Month / Day / Year) / / | | |

Under penalties of perjury, 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 consent to NCCCO's release of any information regarding this application and my examination administration to third parties. I have received a copy of the CCO Candidate Handbook and have read, and do understand and agree to be bound by all prevailing NCCCO policies and procedures. I attest that I have passed a substance abuse test conducted by a recognized laboratory service and agree to comply with NCCCO's substance abuse policy. I have passed a physical exam that complies with the ASME B30 standard for my certification category and I will continue to comply with those requirements.

| | |
|---------------------|------|
| 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 | <input type="checkbox"/> Employer Check | <input type="checkbox"/> Money Order | <i>Do not staple your check.</i> |
|--|--|--|---|---|--------------------------------------|----------------------------------|

If paying by credit card — complete the following information:

| | |
|------------------------------------|---------------------|
| CREDIT CARD NUMBER | SECURITY CODE |
| NAME (Print as it appears on card) | SIGNATURE (on card) |
| EXPIRATION DATE | |

Checks and money orders should be payable to: International Assessment Institute — Attention: CCO testing
600 Cleveland Street, Suite 900
Clearwater, Florida 33755

Phone: 727-449-8525
Fax: 727-461-2746

Note: Application is valid for one (1) year from date of approval, after which time your fee will be forfeited and a new application is required.

CANDIDATE APPLICATION CHECKLIST

| |
|--|
| <input type="checkbox"/> I have completed and signed the Candidate Application. |
| <input type="checkbox"/> I have provided credit card information or a check or money order for the correct amount. |



PHYSICAL EXAMINATION FORM

PAGE 1 OF 2

TO BE FILLED IN BY EXAMINING PHYSICIAN (Please print)

DATE OF EXAMINATION

(Month / Day / Year)

OPERATOR'S NAME First

Middle

Last

SOCIAL SECURITY #

DATE OF BIRTH (Month / Day / Year)

AGE

HOME ADDRESS

PHONE

CITY

STATE

ZIP

HEALTH HISTORY

- | | | | | | | | | |
|------------------------------|-----------------------------|--|------------------------------|-----------------------------|---|------------------------------|-----------------------------|---|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Asthma | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Muscular Disease | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Head or spinal injuries |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Kidney | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Psychiatric Disorder | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Seizures, fits, convulsions or fainting |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Cardiovascular Disease | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Extensive confinement by illness or injury |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Gastrointestinal Ulcer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Any other nervous disorder |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Nervous Stomach | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Ethanol use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Suffering from any other disorder |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Rx drug use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Permanent defect from illness, disease or injury |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Over the counter drug use | | | | | | |

IF ANSWER TO ANY OF THE ABOVE IS YES, EXPLAIN:

GENERAL APPEARANCE AND DEVELOPMENT:

Good

Fair

Poor

VISION:

For Distance:

Right/20

Left/20

Both/20

Without Corrective Lenses

With Corrective Lenses

Evidence of disease or injury: Right

Left

Color Test: _____

Horizontal Field of Vision: Right

Left

HEARING:

Right Ear

Left ear

Evidence of disease or injury: Right

Left

AUDIOMETRIC TEST:

Decibel loss at

500 HZ

1,000 Hz

2,000 Hz

3,000 Hz

4,000 Hz

5,000 Hz

6,000 Hz

7,000 Hz

8,000 Hz

THROAT: _____

THORAX:

Heart: _____

If organic disease is present, is it fully compensated? _____

Blood Pressure: Systolic _____

Diastolic _____

Pulse: _____

Before Exercise _____

Immediately after _____

Lungs: _____

ABDOMEN:

Scars _____

Abdominal Masses _____

Tenderness _____

PHYSICAL EXAMINATION FORM (CONT'D)

HERNIA: Yes No If so, where? _____ Is truss worn? _____

GASTROINTESTINAL: Ulceration or other disease? Yes _____ No _____

GENITO-URINARY: Scars: _____ Urinal Discharge: _____

REFLEXES: Rhomberg _____
 Pupillary: _____ Light R _____ L _____
 Accommodation: _____ R _____ L _____

KNEE JERKS: Right Normal _____ Increased _____ Absent _____
 Left Normal _____ Increased _____ Absent _____

REMARKS: _____

EXTREMITIES: Upper _____ Lower _____ Spine _____
LABORATORY & OTHER SPECIAL FINDINGS: Urine Spec. Gr. _____ Alb. _____ Sugar _____
 Other Laboratory Data (Serology, etc.) _____
 Radiological Data _____ Electrocardiograph _____

GENERAL COMMENTS: _____

NAME OF EXAMINING DOCTOR (PLEASE PRINT) _____ SIGNATURE _____
 ADDRESS OF EXAMINING DOCTOR _____
 CITY _____ STATE _____ ZIP _____

MEDICAL EXAMINER'S CERTIFICATE TO BE COMPLETED ONLY IF OPERATOR IS FOUND QUALIFIED

MEDICAL EXAMINER'S CERTIFICATE
 I certify that I have examined _____
CRANE OPERATOR'S NAME (PRINT)
with the knowledge of his/her duties,
I find him/her qualified under the regulations.

Qualified only when wearing corrective lenses.
 Qualified only when wearing a hearing aid.
 Qualified — see Accommodation Statement attached.

A complete examination form for this person is on file in my office:

ADDRESS _____
 DATE OF EXAMINATION _____ NAME OF EXAMINING DOCTOR _____
 SIGNATURE OF EXAMINING DOCTOR _____
 SIGNATURE OF OPERATOR _____
 ADDRESS OF OPERATOR _____

MEDICAL EXAMINER'S CERTIFICATE
 I certify that I have examined _____
CRANE OPERATOR'S NAME (PRINT)
with the knowledge of his/her duties,
I find him/her qualified under the regulations.

Qualified only when wearing corrective lenses.
 Qualified only when wearing a hearing aid.
 Qualified — see Accommodation Statement attached.

A complete examination form for this person is on file in my office:

ADDRESS _____
 DATE OF EXAMINATION _____ NAME OF EXAMINING DOCTOR _____
 SIGNATURE OF EXAMINING DOCTOR _____
 SIGNATURE OF OPERATOR _____
 ADDRESS OF OPERATOR _____



PHYSICIAN INSTRUCTIONS

FOR MEDICAL EXAMINATION

Please give these instructions to the Examining Physician.

PHYSICAL QUALIFICATIONS AND EXAMINATIONS OF CRANE OPERATORS

A person is physically qualified to operate a crane if that person:

1. Has no loss of a foot, a leg, a hand, or an arm, or has been granted a waiver;
2. Has no impairment of the use of a foot, a leg, a hand, fingers, or an arm, and no other structural defect or limitation, which is likely to interfere with his/her ability to control and safely operate a crane or has been granted a waiver upon a determination that the impairment will not interfere with his/her ability to control and safely operate a crane;
3. Has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control;
4. Has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety to be known accompanied by syncope, dyspnea, collapse or congestive cardiac failure;
5. Has no established medical history or clinical diagnosis of respiratory dysfunction likely to interfere with his/her ability to control and operate a crane safely;
6. Has no current clinical diagnosis of high blood pressure likely to interfere with his/her ability to operate a crane;
7. Has no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease which interferes with his/her ability to control and operate a crane safely;
8. Has no established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control a crane;
9. Has no mental, nervous, organic or functional disease or psychiatric disorder likely to interfere with his/her ability to operate a crane;
10. Has distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses, field of vision of at least 70 degrees in the horizontal meridian in each eye, and the ability to recognize the colors of traffic signals and devices showing standard red, green, and amber;
11. When tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz, 2,000 Hz, 3,000 Hz and 4,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard (formerly ASA Standard) Z24.5-1951;
12. Does not use a prescribed or over the counter substance, including ethanol, which would impair the operator to perform safe operation of a crane. These include illegal drugs, controlled substances (including trace amounts), look-alike drugs, designer drugs, or any other substance which may have the effect on the human body of being a narcotic, depressant, stimulant or hallucinogen. An exception to this ruling is that an operator may use such a substance or drug if the substance or drug is prescribed by a licensed medical practitioner who is familiar with the operator's medical

history and all assigned duties and who has advised the operator that the prescribed substance or drug will not adversely affect the operator's ability to safely operate a crane. The treating physician will also provide a waiver to the Medical Examiner. (See waiver statement.)

INSTRUCTIONS FOR PERFORMING AND RECORDING PHYSICAL EXAMINATIONS

The examining physician should review these instructions before performing the physical examination. Answer each question yes or no where appropriate.

The examining physician should be aware of the rigorous physical demands and mental and emotional responsibilities placed on the operator of cranes. In the interest of public safety the examining physician is required to certify that the operator does not have any physical, mental, or organic defect of such a nature as to affect the operator's ability to operate safely a crane.

General Information. The purpose of this history and physical examination is to detect the presence of physical, mental or organic defects of such a character and extent as to affect the applicant's ability to operate a crane safely. The examination should be made carefully and at least as complete as indicated by the attached form. History of certain defects may be cause for rejection or indicate the need for making certain laboratory tests or a further, and more stringent, examination. Defects may be recorded which do not, because of their character or degree, indicate that certification of physical fitness should be denied. However, these defects should be discussed with the applicant and he/she should be advised to take the necessary steps to ensure correction, particularly of those which, if neglected, might lead to a condition likely to affect his/her ability to operate safely.

General Appearance and development. Not marked overweight. Not any posture defect, perceptible limp, tremor, or other defects that might be caused by alcoholism, thyroid intoxication, or other illnesses including sedating or habit forming drugs.

Head-eyes. When other than the Snellen chart is used, the results of such test must be expressed in values comparable to the standard Snellen test. If the applicant wears corrective lenses, these should be worn while applicant's visual acuity is being tested. If appropriate, indicate on the Medical Examiner's Certificate by checking the box "Qualified only when wearing corrective lenses." In recording distance vision use 20 feet as normal. Report all vision as a fraction with 20 as a numerator and the smallest type read at 20 feet as denominator. Note ptosis, discharge, visual fields, ocular muscle imbalance, color blindness, corneal scar, exophthalmos, or strabismus, uncorrected by corrective lenses.

Contact lens wear may not be allowed in many work areas where mandatory eye protection disallows contact lens wear. The applicant must be made aware that safety glass eye wear may routinely be required at job sites and must also pass vision testing protocols with safety eye glasses specified and approved ANSI Z89.

Ears. Note evidence of mastoid of middle ear disease, discharge, symptoms of aura vertigo, or Meniere's Syndrome. When recording hearing an audiometer is used to test hearing. Record decibel loss at 500 Hz, 1,000 Hz, 2,000 Hz, 3,000 Hz, and 4,000 Hz.

Throat. Note evidence of disease, irremediable deformities of the throat likely to interfere with eating or breathing, or any laryngeal condition which could interfere with the safe operation of a crane.

Thorax-heart. Stethoscopic examination is required. Note murmurs and arrhythmias, and any past or present history of cardio-

PHYSICIAN INSTRUCTIONS (CONT'D)

FOR MEDICAL EXAMINATION

vascular disease, of a variety known to be accompanied by syncope, dyspnea, collapse, enlarged heart or congestive heart failures. Electrocardiogram is required when findings so indicate.

Blood Pressure. Record with either spring or mercury column type of sphygmomanometer. If the blood pressure is consistently above 160/90mm. Hg., further tests may be necessary to determine whether the operator is qualified to operate a crane.

Lungs. If any lung disease is detected, state whether active or arrested; if arrested, your opinion as to how long it has been quiescent.

Gastrointestinal system. Note any diseases of the gastrointestinal system.

Abdomen. Note wounds, injuries, scars, or weakness of muscles of abdominal walls sufficient to interfere with normal function. Any hernia should be noted if present. State how long and if adequately contained by truss.

Abnormal masses. If present, note location, if tender, and whether or not applicant knows how long they have been present. If the diagnosis suggests that the condition might interfere with the control and safe operation of a crane, more stringent tests must be made before the applicant can be certified.

Genito-urinary. Urinalysis is required. Acute infections of the genito-urinary tract, as defined by local and State public health laws, indications from urinalysis of uncontrolled diabetes, symptomatic albuminuria in the urine, or other findings indicative of health conditions likely to interfere with the control and safe operation of a crane will disqualify an applicant from operating a crane.

Neurological. If positive Romberg is reported, indicate degrees of impairment. Pupillary reflexes should be reported for both light and accommodation.

Knee jerks are to be reported absent only when not obtainable upon reinforcement and as increased when foot is actually lifted from the floor following a light blow on the patella, sensory vibratory and positional abnormalities should be noted.

Extremities. Carefully examine upper and lower extremities. Record the loss or impairment of a leg, foot, toe, arm, hand, or fingers. Note any and all deformities, the presence of atrophy, semiparalysis or paralysis, or varicose veins. If a hand or finger deformity exists, determine whether sufficient grasp is present to enable the operator to secure and maintain a grip on the controls. If a leg deformity exists, determine whether sufficient mobility and strength exists to enable the operator to operate pedals properly. Particular attention should be given to, and a record should be made of, any impairment or structural defect which may interfere with the operator's ability to operate a crane safely.

Spine. Note deformities, limitation of motion, or any history of pain, injuries, or disease, past or presently experienced in the cervical or lumbar spine region. If findings so dictate, radiologic and other examinations should be used to diagnose congenital or acquired defects; or spondylolisthesis and scoliosis.

Recto-genital studies. Diseases or conditions causing discomfort should be evaluated carefully to determine the extent to which the condition might be handicapping while lifting, pulling, or during periods of prolonged operation that might be necessary as part of the operator's duties.

Laboratory and other special findings. Urinalysis is required, as

well as such other tests as the medical history or findings upon physical examination may indicate are necessary. A serological test is required if the applicant has a history of luetic infection or present physical findings indicate the possibility of latent syphilis. Other studies deemed advisable may be ordered by the examining physician.

Diabetes. If insulin is necessary to control a diabetic condition, the operator is not qualified to operate a crane. If mild diabetes is noted at the time of examination and it is stabilized by use of a hypoglycemic drug and a diet that can be obtained while the operator is on duty, it should not be considered disqualifying. However, the operator must remain under adequate medical supervision.

General. The physician must date and sign his findings upon completion of the examination.

The medical examination shall be performed by a licensed doctor of medicine or osteopathy. A licensed ophthalmologist or optometrist may perform examinations pertaining to visual acuity, field of vision and ability to recognize colors.

If the medical examiner finds that the person he/she examined is physically qualified to operate a crane, the medical examiner shall complete the Medical Examiner's Certificate and furnish one copy to the person examined and one copy to the employer.

The medical examiner must attach all treating physician, ophthalmologist, or optometrist medical information pertaining to the applicant. Waiver acceptance is up to the medical examiner when waiver is attached to applicant application. The medical examiner is expected to verify the waiver provided by treating physician and qualify or disqualify applicant because of his examination of the applicant.

The medical examiner is expected to perform testing as needed of all applicants and may submit an accommodation statement if applicable about applicants' physical limitations to aid an employer with ADA guidelines. Any accommodation statements must be attached to medical artifaction.

Waiver by physician. Treating physicians must provide signed statements disclosing disease state and/or medication and that the applicant is qualified for the practical examination, and state, "I have examined the aforementioned crane operator applicant and within medical certainty I find the applicant at no greater risk than the general population as a result of any physical, mental, or organic defects, and can safely operate a crane with the aforementioned diagnosis and treatment regimen subject to passing the CCO practical examination."



CANDIDATE APPLICATION

PRACTICAL EXAMINATION

Please type or print neatly.

| | | | | | | | | |
|--|--|------|-----------------------------|-----|------------------------------|-------------------|--|-----|
| NAME <i>First</i> | | | <i>Middle</i> | | | <i>Last</i> | | |
| CCO CERTIFICATION NUMBER (if previously certified) | | | DATE OF BIRTH | | | SOCIAL SECURITY # | | |
| MAILING ADDRESS | | | CITY | | | STATE | | ZIP |
| PHONE | | CELL | | FAX | | E-MAIL | | |
| COMPANY / ORGANIZATION | | | | | | PHONE | | |
| COMPANY MAILING ADDRESS | | | CITY | | | STATE | | ZIP |
| ARE YOU A RECERTIFICATION CANDIDATE? | | | NO <input type="checkbox"/> | | YES <input type="checkbox"/> | | PRACTICAL EXAM TEST DATE _____ / _____ / _____ | |

Indicate with a check mark the crane type(s) you wish to be tested on and the date you passed the corresponding Written Examination if applicable. If you have passed the Written Exams you must also provide a copy of either a score report, or certification card.

| PRACTICAL EXAM | WRITTEN EXAM | Date on which you passed the Written Exam? |
|---|--------------------------------|--|
| <input type="checkbox"/> Lattice Boom | Lattice Boom Crawler and/or | _____ / _____ / _____ |
| <input type="checkbox"/> Large Telescopic (Swing Cab) | Lattice Boom Truck | _____ / _____ / _____ |
| <input type="checkbox"/> Small Telescopic (Fixed Cab) | Large Telescopic (TLL) | _____ / _____ / _____ |
| <input type="checkbox"/> Tower | Small Telescopic (TSS) | _____ / _____ / _____ |
| <input type="checkbox"/> Overhead | Tower Crane | _____ / _____ / _____ |
| | Overhead Crane | _____ / _____ / _____ |

TEST SITE AT WHICH YOU INTEND TO TAKE THE PRACTICAL EXAMINATION

| | | |
|----------------------------|--|-------|
| TEST SITE COORDINATOR NAME | | |
| PHONE | | FAX |
| E-MAIL | | |
| TEST SITE STREET ADDRESS | | |
| CITY | | STATE |
| ZIP | | |

Under penalties of perjury, 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 consent to NCCCO's release of any information regarding this application and my examination administration to third parties. I have received a copy of the CCO Candidate Handbook and have read, and do understand and agree to be bound by all prevailing NCCCO policies and procedures. I attest that I have passed a substance abuse test conducted by a recognized laboratory service and agree to comply with NCCCO's substance abuse policy. I have passed a physical exam that complies with the ASME B30 standard for my certification category and I will continue to comply with those requirements.

| | |
|---------------------|------|
| CANDIDATE SIGNATURE | DATE |
|---------------------|------|

CANDIDATE APPLICATION (CONT'D)

PRACTICAL EXAMINATION

CCO CERTIFICATION CARDS

PAGE 2 OF 2

| | |
|---|--|
| <p>Candidates who meet all the requirements for certification in any one category are issued a certification card at no charge. Replacement and updated cards are available for an additional fee; see panel below.</p> | <div style="border: 1px solid black; padding: 10px; text-align: center; margin-bottom: 10px;"> <p>Attach Color Passport Photo Here</p> <p>1 3/8" W x 1 3/4" H</p> </div> <p><i>Please attach a passport color photo, without hat or sunglasses, and enclose any required payment based upon the information listed below with your application form.</i></p> |
|---|--|

PRACTICAL EXAMINATION FEES

Checks and money orders must be made payable to **International Assessment Institute**. Credit cards (Visa or Master Card) may be used by filling out the Credit Card Box below.

Check the box next to the Practical Exam category for which you are registering.

Examination Fees:

One Mobile Crane Type — \$60
 Two Mobile Crane Types — \$70
 Three Mobile Crane Types — \$80
 Tower Crane Category Only — \$60
 Tower Crane (Added to existing Mobile Crane Certification, no new card) — \$50
 Overhead Crane Category Only — \$60
 Overhead Crane (Added to existing Mobile and/or Tower Crane Certification, no new card) — \$50
 Charge an additional \$25 for a replacement card.

METHOD OF PAYMENT FOR CANDIDATE EXAMINATION FEES

Do not send cash.

 Personal Check
 Employer Check
 Money Order
 Do not staple your check.

If paying by credit card — complete the following information:

SECURITY CODE

CREDIT CARD NUMBER

EXPIRATION DATE

| | |
|------------------------------------|---------------------|
| NAME (Print as it appears on card) | SIGNATURE (on card) |
|------------------------------------|---------------------|

Checks and money orders should be made payable to: International Assessment Institute — Attention: CCO Testing
Do not send this application to IAI or CCO. Give this application, along with payment and all necessary documentation, to your Test Site Coordinator on test day.



CANDIDATE RECERTIFICATION APPLICATION

WRITTEN EXAMINATION

Please type or print neatly.

| | | | | | | | | | |
|--|--|------|---------------|-----|--|-------------------|--|-----|--|
| NAME <i>First</i> | | | <i>Middle</i> | | | <i>Last</i> | | | |
| CCO CERTIFICATION NUMBER (if previously certified) | | | DATE OF BIRTH | | | SOCIAL SECURITY # | | | |
| MAILING ADDRESS | | | CITY | | | STATE | | ZIP | |
| PHONE | | CELL | | FAX | | E-MAIL | | | |
| COMPANY / ORGANIZATION | | | | | | PHONE | | | |
| COMPANY MAILING ADDRESS | | | CITY | | | STATE | | ZIP | |

WRITTEN EXAMINATIONS FOR WHICH YOU ARE APPLYING

This application is for the purpose of recertification. You may **ONLY** recertify in the category(ies) in which you are currently certified. **BUBBLE IN** the circle next to the categories for which you are applying for recertification. If you would like to take additional examinations in which you are not currently certified, **BUBBLE IN** the examination(s) of your choice and **CHECK (✓)** the load chart you want to use for that crane type. **You must also provide a copy of either a score report or certification card.**

EXAMINATIONS

| RECERTIFICATION EXAMS | LOAD CHARTS <i>(Check one for each Specialty selected)</i> | |
|--|--|---|
| <input type="radio"/> Core Exam | 652605 | |
| <input type="radio"/> Lattice Boom Crawler: | 652625 | <input type="checkbox"/> American HC-80 |
| | 652608 | <input type="checkbox"/> Manitowoc 888 Series 2 |
| <input type="radio"/> Lattice Boom Truck: | 652611 | <input type="checkbox"/> Link-Belt HC-238H |
| | 652635 | <input type="checkbox"/> Manitowoc 777T |
| <input type="radio"/> Large Telescopic: (Swing Cab) | 652614 | <input type="checkbox"/> Grove TMS 750B |
| | 652645 | <input type="checkbox"/> Link-Belt RTC-8050 |
| <input type="radio"/> Small Telescopic: (Fixed Cab) | 652656 | <input type="checkbox"/> Manitex M1768 |
| | 652655 | <input type="checkbox"/> Broderson RT300-2B0 |
| <input type="radio"/> Tower Crane | 654602 | |
| <input type="radio"/> Overhead Crane | | Not Yet Available |
| ADDITIONAL EXAMINATIONS | LOAD CHARTS <i>(Check one for each Specialty selected)</i> | |
| <input type="radio"/> Core Exam | 652603 | |
| <input type="radio"/> Lattice Boom Crawler: | 652620 | <input type="checkbox"/> American HC-80 |
| | 652607 | <input type="checkbox"/> Manitowoc 888 Series 2 |
| <input type="radio"/> Lattice Boom Truck: | 652609 | <input type="checkbox"/> Link-Belt HC-238H |
| | 652610 | <input type="checkbox"/> Manitowoc 777T |
| <input type="radio"/> Large Telescopic: (Swing Cab) | 652612 | <input type="checkbox"/> Grove TMS 750B |
| | 652613 | <input type="checkbox"/> Link-Belt RTC-8050 |
| <input type="radio"/> Small Telescopic: (Fixed Cab) | 652616 | <input type="checkbox"/> Manitex M1768 |
| | 652650 | <input type="checkbox"/> Broderson RT300-2B0 |
| <input type="radio"/> Tower Crane | 654601 | |
| <input type="radio"/> Overhead Crane | 653601 | |

FEES

| RECERTIFICATION EXAM FEES | | |
|--|-------|--------------------------|
| Core Exam plus one (1) Specialty | \$150 | <input type="checkbox"/> |
| Core Exam plus two (2) Specialties | \$155 | <input type="checkbox"/> |
| Core Exam plus three (3) Specialties | \$160 | <input type="checkbox"/> |
| Core Exam plus four (4) Specialties | \$165 | <input type="checkbox"/> |
| Tower Crane (only) | \$150 | <input type="checkbox"/> |
| Tower Crane (with mobile crane) | \$50 | <input type="checkbox"/> |
| RECERTIFICATION RETEST FEES | | |
| <i>Core only for Retest Candidates</i> | \$150 | <input type="checkbox"/> |
| <i>One (1) Specialty only – Core passed</i> | \$50 | <input type="checkbox"/> |
| <i>Two (2) Specialties – Core passed</i> | \$55 | <input type="checkbox"/> |
| <i>Three (3) Specialties – Core passed</i> | \$60 | <input type="checkbox"/> |
| <i>Four (4) Specialties – Core passed</i> | \$65 | <input type="checkbox"/> |
| <i>Tower Crane</i> | \$50 | <input type="checkbox"/> |
| ADDITIONAL EXAM FEES <i>(ONLY for candidates adding to existing certifications)</i> | | |
| One (1) Specialty only | \$65 | <input type="checkbox"/> |
| Two (2) Specialties | \$75 | <input type="checkbox"/> |
| Three (3) Specialties | \$85 | <input type="checkbox"/> |
| Tower Crane | \$50 | <input type="checkbox"/> |
| Overhead Crane | \$50 | <input type="checkbox"/> |
| Candidate Late Fee <i>(if applicable)</i> | \$50 | <input type="checkbox"/> |
| Incomplete Application Fee <i>(if applicable)</i> | \$30 | <input type="checkbox"/> |
| TOTAL AMOUNT ENCLOSED | \$ | |



CHANGE OF ADDRESS FORM

Please use this form to advise of any changes of address. Please mail or fax this to:

International Assessment Institute (IAI)
600 Cleveland Street, Suite 900
Clearwater, Florida 33755

Phone: 727-449-8525

Fax: 727-461-2746

Please type or print neatly.

| | | | | | | | | |
|--------------------------|--|--|---------------|-------------------|--|-------------|--|--|
| NAME <i>First</i> | | | <i>Middle</i> | | | <i>Last</i> | | |
| CCO CERTIFICATION NUMBER | | | | SOCIAL SECURITY # | | | | |
| | | | | | | | | |

OLD ADDRESS

| | | | | | | | | |
|------------------------|--|--|-----|--|--|--------|--|-----|
| STREET ADDRESS | | | | | | | | |
| CITY | | | | | | STATE | | ZIP |
| PHONE | | | FAX | | | E-MAIL | | |
| COMPANY / ORGANIZATION | | | | | | PHONE | | |
| COMPANY STREET ADDRESS | | | | | | | | |
| CITY | | | | | | STATE | | ZIP |

NEW ADDRESS

| | | | | | | | | |
|------------------------|--|--|-----|--|--|--------|--|-----|
| STREET ADDRESS | | | | | | | | |
| CITY | | | | | | STATE | | ZIP |
| PHONE | | | FAX | | | E-MAIL | | |
| COMPANY / ORGANIZATION | | | | | | PHONE | | |
| COMPANY STREET ADDRESS | | | | | | | | |
| CITY | | | | | | STATE | | ZIP |

EFFECTIVE DATE OF CHANGE

| |
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| |
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IMPORTANT CONTACT INFORMATION



NATIONAL COMMISSION FOR THE CERTIFICATION OF CRANE OPERATORS

2750 Prosperity Avenue, Suite 505
Fairfax, VA 22031-4312

Phone: 703-560-2391

Fax: 703-560-2392

E-Mail: info@nccco.org



INTERNATIONAL ASSESSMENT INSTITUTE

Attention: CCO Testing

600 Cleveland Street, Suite 900
Clearwater, Florida 33755

Phone: 727-449-8525

Fax: 727-461-2746



**NATIONAL COMMISSION FOR THE
CERTIFICATION OF CRANE OPERATORS**

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Fax: 703-560-2392
info@nccco.org