



Practical Exam Extension Request Form

When candidates have not had the opportunity to take their practical exam(s), NCCCO may provide an extension to the requirement to pass the practical examination within 12 months of passing the corresponding written examination. Extension requests do not apply to written examinations. Extensions are granted for specific reasons only. If you wish to request

an extension you must complete Parts A, B, and C of this form and submit it, together with supporting documentation, to NCCCO. Do not forget to sign the Attestation Statement in Part A. Incomplete forms will not be processed. NCCCO will advise you of its decision in a follow-up letter. Please allow two weeks for processing your request.

PART A (Please print.)

FULL LEGAL NAME (as shown on driver's license)		First	Middle	Last	Suffix (Jr., Sr., III)										
CCO CERTIFICATION NUMBER (if previously certified)		DATE OF BIRTH		CANDIDATE ID: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											
MAILING ADDRESS		CITY		STATE	ZIP										
PHONE	MOBILE		E-MAIL												

PART B

To expedite your request, please indicate (with an "X") those Practical Exams for which you seek an extension and the date on which the respective Written Exam was passed.

Practical Exam Crane Type	Written Exam Date (mm/dd/yyyy)	For NCCCO Use Only
Mobile Crane Core		
☐ Lattice Boom (LBT and/or LBC)*		
☐ Telescopic Boom—Swing Cab (TLL)		
☐ Telescopic Boom—Fixed Cab (TSS)		
☐ Service Truck Crane (STC)		
☐ Tower Crane (TWR)		
☐ Overhead Crane (OVR)		
☐ Articulating Boom Crane (ABC)		
☐ Articulating Boom Loader (ABL)		
☐ Digger Derrick (DDO)		
☐ Dedicated Pile Driver (DPD)		
☐ Foundation Drill Rig (FDR)		
☐ Anchor/Micropile Drill Rig (AMP)		
☐ Rigger Level I (RIG-I)		
☐ Rigger Level II (RIG-II)		
☐ Signalperson (SGP)		

*NOTE: For the Lattice Boom Specialty, if both Lattice Boom Truck (LBT) and Lattice Boom Crawler (LBC) Written Exams were taken and passed on different dates, please list the date that came first.

PART C

State the reason for your request and indicate the supporting documentation you are providing. Do not forget to attach this documentation; without it your application will not be processed.

Expected exam date: _____

Reason for Request	Documentation Required
☐ Called for Work	☐ Letter from supervisor/employer/employment agency (Letter must contain the dates you were on the job and hours worked.)
☐ Illness/Injury/death (Personal or family)	☐ Doctor's note. (All Doctor's notes must include the dates you were unable to work.) ☐ Letter from supervisor/employer/employment agency (Letters must indicate dates off work.) ☐ Death certificate (Relationship to deceased: _____)
☐ Scheduling difficulties other than called to work (Please explain fully below.)	

ATTESTATION STATEMENT

Under penalties of perjury, I hereby attest that all statements I have made in this application and those in any required accompanying documentation are true.

CANDIDATE SIGNATURE	DATE
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Please email this completed form with supporting documentation to CCO at: candidate@nccco.org

OFFICE USE ONLY

RECEIVED DATE: _____ BY: _____

RESPONSE DATE: _____ BY: _____