



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. CCO 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.

All applicants for crane inspector certification shall have a minimum of 2,000 hours of documented work experience within a five-year period related to maintaining, inspecting, servicing, repairing, or modifying cranes.

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. Industry References**
- 4. Other Comments or Attachments**

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

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

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

Phone: 703-560-2391
Email: candidate@nccco.org



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CONTACT INFORMATION & EXPERIENCE ATTESTATION

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

*Please type or print neatly. (*Required fields)*

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

ARE YOU CURRENTLY CCO-CERTIFIED? ☐ Yes ☐ No

If you checked "yes" above, indicate your CCO certification number below:

CCO certification #: _____

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 CCO'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 CCO 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 CCO's release of any information regarding this application and my examination administration to third parties, consistent with CCO's Information Release policy. **I further affirm that I have a minimum of 2,000 hours of documented work experience within a five-year period related to maintaining, inspecting, servicing, repairing, or modifying cranes as demonstrated on my Experience Form and accompanying proof-of-experience documentation.***

CANDIDATE SIGNATURE

DATE

METHOD OF PAYMENT

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

Email invoice to: _____

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



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

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



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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:	
	Phone Number:	
	Email:	
2.	Contact Name:	
	Relationship:	
	Phone Number:	
	Email:	
3.	Contact Name:	
	Relationship:	
	Phone Number:	
	Email:	



Comments/Attachments: Page ____ of ____

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

This image shows a single page of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.