



Rigger Practical Exam Test Kit

Order Form

Owner Representative Name:

Owner Name: Test Kit ID #:

Owner Mailing Address:

City: State: Zip: Country:

Phone: Email:

Shipping Address *(No P.O. Boxes)*

Is this a Residential Address? ☐ Yes ☐ No

City: State: Zip: Country:

Name of Practical Exam Proctor:
(credentialed PEP in program this test Kit)

Check Boxes As Appropriate

☐ Rigger Level I Exam Kit Number Of Exam Kit(s)

☐ Rigger Level II Exam Kit Number Of Exam Kit(s)

By signing this application, I acknowledge as the Owner of the CCO Rigger Test Kit(s) that these kits shall only be used for CCO testing. At no time may these kit(s) be used for training, in whole or in part. I further understand that any violation of CCO policies may result in action against myself or my company as it pertains to its participation in the CCO Rigger program, and I agree to inform CCO of any change in ownership or listed Responsible Practical Exam Proctor.

Signature Of Owner Representative Date:

Method Of Shipments For Test Kits

☐ UPS Account #

☐ Fedex LTL or Freight Account #

☐ Credit Card

Method of Payment For Test Kit(s)

CCO will create a quote for approval once the order has been received. An invoice will be generated after the quote has been approved.

CCO will invoice by email. All orders are subject to CCO's Financial Terms and Conditions. All returns are subject to a minimum 20% restock fee. No returns after 30 days.

Please send completed forms to: testingpersonnel@ccocert.org