

# Application for Mobile Crane Practical Examination



Submitted by: \_\_\_\_\_  
AAC Name

\_\_\_\_\_  
Name Signature Date

Primary Administrator     Secondary Administrator

Confidentiality of Information: Information supplied by an individual or employer is for the confidential use of NCCER and will not be disclosed without the written permission of the individual or employer concerned. This application should be submitted to the Administrator of the NCCER Mobile Crane Endorsed AAC. Administrator verifies Application completeness, maintains a copy for the AAC's file, and submits to NCCER within three (3) days.

### Personal Data • Please Type or Print Only • Fill in Completely

Name (first, middle, last): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Check the appropriate crane type for which you are applying. (Check *only one* per application.)

Industrial/All Purpose     Rubber Tire Truck Mount     Rough Terrain/All Terrain     Crawler Mount

By signing this application, I verify that a medical professional has found me physically qualified to operate mobile cranes per ASME B30.5, that I have passed a substance abuse test, and that I will continue to comply with the requirements.

I also acknowledge that I have received a copy of the *Mobile Crane Operator Certification Program Candidate Handbook*. I further agree to the following conditions: a) to comply with the relevant provisions of the certification scheme, b) to make claims regarding certification only with respect to the scope for which certification has been granted, c) not to use the certification in such a manner as to bring the certification body into disrepute, and not to make any statement regarding the certification which the certification body may consider misleading or unauthorized, d) to discontinue the use of all claims to certification that contains any reference to the certification body or certification upon suspension or withdrawal of certification, and to return any certificates issued by the certification body, and e) not to use the certificate in a misleading manner.

In addition, I agree to abide by the conditions of certification and agree to inform the certifier of any changes affecting the status of the certification.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date (must match date of practical)

Email to: CraneCertification@nccer.org (or) Fax to: 386-518-6255 (or)

Mail to: NCCER Crane Certification Program, 13614 Progress Boulevard, Alachua, FL 32615