



Training & Certification Registration Form

Contact Information:

First Name: MI: Last Name:
Date of Birth: CCO Candidate ID #:
Register at:
Address: City: State: Zip:
Cell: Email:

Company Information:

Employer Name:
Address: City: State: Zip:

Employer Contact Information

First Name: Last Name:
Cell: Email:

Exam Information:

Are You Certifying For The First Time:? Yes No Are You Signing Up For Spanish Class / Exams? Yes
Are You Recertifying:? Yes No
* Currently only offered by CCO for Mobile Crane & Articulating Crane

Written Exam Candidates - Read the Attestation statement below.

I declare that the information contained in this application, as well as the information in any required accompanying documentation, is true and correct. I understand and agree that my failure to provide accurate and complete information or abide by CCO's policies and procedures may constitute sufficient grounds for the rejection of this application, or other sanctions. I understand that CCO reserves the right to verify any information in this application or in connection with any applicant's certification or other credential. I expressly consent to CCO's release of information consistent with CCO's Information Release Policy, and expressly consent to CCO's Privacy Policy as set forth on the CCO website, as well as CCO's Financial Terms and Conditions and the Trademark Usage Policy, as they may be amended from time to time. If I am submitting this application on the applicant's behalf, I confirm that I have been expressly authorized by the applicant to submit this application, subject to the accompanying attestation, on his/her behalf.

I have read and understand the above attestation statement.

OPERATOR EXPERIENCE REQUIREMENT (recertification candidates only)

Do you have 1,000 hours of documented crane-related experience during your current certification period?

Yes, and I understand that CCO may, at any time, request documentation to be provided in order to verify my experience, and if such documentation is not provided, my certification may be impacted.

No, and I understand I must take and pass the practical exam(s) prior to my expiration date.



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Registering For Full Length Program - (Exams Included)

Class Date Desired:

**Select the first day for the class on the schedule*

Operator Programs:

Mobile Crane:

Core (Pre-requisite)

TSS (Telescopic Fixed Cab)

TLL (Telescopic Swing Cab)

LAT (Lattice Boom)

Articulating Crane:

ABC

ABW (With Winch)

ABL (Loader)

Tower Crane:

TWR

Concrete Pump:

CPO

Overhead Crane:

OVR:

Digger Derrick:

DDO

Telehandler:

THF (Fixed)

THR (Rotator)

Dedicated Pile Driver:

DPD

Drill Rig:

Core (Pre-requisite)

FDR (Foundation Drill Rig)

AMP (Anchor/Micropile Drill Rig)

Service Truck Crane:

STC

Other Programs:

Signalperson/Rigger:

SGP (Signalperson)

RIG-I (Rigger Level 1)

RIG-II (Rigger Level 2)

Lift Director:

Core (Pre-requisite)

MLD (Mobile)

TLD (Tower)

Crane Inspector:

Core (Pre-requisite)

MCI (Mobile)

TCI (Tower)

ACI (Articulating)

OCI (Overhead Comprehensive -

Core Not Required)

Registering For Practical Exam Only / Written Exam Only / and/or Additional Hands-On Practice

Written (W) Exam(s) / Practical (P) Exam(s):

W	P	W	P	W	P	W	P	W	P	W	P	W	P
	TSS		SGP		RIG-1		ABC		CPO		FDR		TWR
	TLL		THF		RIG-2		ABW		OVR		AMP		
	LAT		THR		STC		ABL		DPD		DDO		

W

Mobile Core

Lift Director Core

Mobile Lift Director

Tower Lift Director

W

Drill Rig Core

Crane Inspector Core

Mobile Crane Inspector

Tower Crane Inspector

W

Articulating Crane Inspector

Overhead Crane Inspector

Exam(s) Date Desired:

**Hours/Days of Hands-On Practice
Time Requested:**

**Hands-On Training
Date Desired:**

**If scheduling more than one day, select the first day of training desired.*



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Practical Exam Candidates - Read the Attestation Statement Below.

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I have read and understand the above attestation statement.

Name of person filling out this form:

Signature: