



**WASHINGTON STATE CONSTRUCTION  
CRANE CERTIFIER EXAMINATION  
APPLICATION**

*Please type or print neatly.*

NAME <i>First</i>			<i>Middle</i>			<i>Last</i>			
CCO CERTIFICATION NUMBER (if previously certified)				Social Security #					
MAILING ADDRESS							DATE OF BIRTH		
CITY					STATE		ZIP		
HOME PHONE			CELL PHONE			EMAIL			
COMPANY/ORGANIZATION				PHONE			FAX		
COMPANY STREET ADDRESS									
CITY					STATE		ZIP		
ARE YOU A RETEST CANDIDATE?				<input type="checkbox"/> NO		<input type="checkbox"/> YES		Date last tested: ____/____/____	

**WRITTEN EXAMINATIONS FOR WHICH YOU ARE APPLYING**

**BUBBLE IN** the circle next to the crane type(s) for which you are applying. **RETEST CANDIDATES** check **YES** above. Retest fees are the same.

**EXAM DESCRIPTION AND FEES**

<input type="radio"/> Washington State General Crane Certifier Exam.....	911101 .....	\$250
<input type="radio"/> Mobile Crane Additional Inspection Criteria & Proof Load Test Exam	911102 .....	\$250
<input type="radio"/> Tower Crane Additional Inspection Criteria & Proof Load Test Exam	911103 .....	\$250

<input type="radio"/> NCCCO Mobile Crane CORE Exam.....	652603 .....	\$165
<input type="radio"/> NCCCO Tower Crane Exam .....	654601 .....	\$165

**If you have previously passed the NCCCO certification exam(s) in the category(s) for which you are seeking accreditation, then you do not need to retake that exam(s).**

**TOTAL AMOUNT ENCLOSED**..... \$

