



11139 Cutter Rd.
Meadville, PA 16335
p - 814.333.9600
f - 814.336.3333
www.crawfordcustom.com
info@crawfordcustom.com

Candidate Application Instructions

Please read and follow these instructions carefully. Required information that is left blank may result in failure to register until all required information is submitted.

All BOLD fields marked with an asterisk (*) must be completed or application will be considered incomplete.

Candidate Information

Fill in all required candidate information

Written Exams Section

Select the exam(s) that you are applying for, as well as the corresponding load charts (if applicable).

Test Site Section

Fill in the date or class week that you plan to attend as well as the class location.

Additional information fields on the application that are not required, are helpful for us to better understand and serve our customers. Please fill in as much information as possible when filling out the application.

Payment

- Crawford Custom Consulting requires a \$350 non-refundable application deposit when registering for a class. Remaining balance of fees are due upon arrival for class.
- Payment can be made by utilizing the credit card authorization form included with this application, or by calling our office directly at (877)933-9600 to make other arrangements.

Application Submission

- All applications are due two weeks before the class you plan to attend.
- Applications submitted after the two-week cut-off may incur additional late fees.
- Applications can be submitted several ways:
 - Fax: (814)336-3333
 - Email: application@crawfordcustom.com
 - Mail: 11139 Cutter Rd, Meadville, PA 16335
 - ***DO NOT SUBMIT APPLICATION DIRECTLY TO NCCCO!***
- When submitting your application, please include:
 - Date (class) you plan on attending.
 - Payment method (application deposit only or full payment)
 - Checks and money orders should be made payable to **Crawford Custom Consulting**.

If you have any questions about the application process, feel free to contact us for more information.

If you have any questions, please contact us at
(814)333-9600 - application@crawfordcustom.com

Thank You for Your Business!



RECERTIFICATION APPLICATION

ARTICULATING, SERVICE TRUCK, & DIGGER DERRICK

Please type or print neatly! All **bold** fields marked with an asterisk (*) must be completed or application will be considered incomplete.

FULL LEGAL NAME (As shown on driver's license)		FIRST*	MIDDLE	LAST*	Suffix (Jr, Sr, III)
CCO CERTIFICATION NUMBER*		DATE OF BIRTH*		CANDIDATE ID (if previously tested)	
PERSONAL MAILING ADDRESS*					
CITY*			STATE*	ZIP CODE*	
HOME PHONE	CELL PHONE*		CANDIDATE EMAIL*		
COMPANY/ORGANIZATION				PHONE	
COMPANY MAILING ADDRESS					
CITY			STATE	ZIP CODE	
<input type="checkbox"/> I AM REQUESTING TESTING ACCOMMODATIONS IN COMPLIANCE WITH THE AMERICAN WITH DISABILITIES ACT (ADA) (For details on NCCCO's Testing Accommodations policy, please visit www.nccco.org/accommodations .)					

DO YOU HAVE 1,000 HOURS OF DOCUMENTED CRANE-RELATED EXPERIENCE DURING YOUR CURRENT CERTIFICATION PERIOD?*

- YES, and I understand that NCCCO may, at any time, request documentation to be provided in order to verify my experience.
- NO, and I understand that I must take and pass the practical exam(s) prior to my expiration date.

RECERTIFICATION EXAMS*

Written Exam
<input type="checkbox"/> Articulating Boom Crane (ABC)
<input type="checkbox"/> Articulating Boom Crane w/Winch (ABW)
<input type="checkbox"/> Articulating Boom Loader (ABL)
<input type="checkbox"/> Digger Derrick Operator
<input type="checkbox"/> Service Truck Crane Operator

TEST SITE INFORMATION

DATE / CLASS YOU PLAN TO ATTEND*		
CLASS LOCATION (CITY, STATE)*		
HOW DID YOU HEAR ABOUT US?		
HAVE YOU SPOKEN TO ANY OF OUR ASSOCIATES? IF SO, WHO?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

APPLICATION INSTRUCTIONS

Check the box next to the crane type for which you are applying (only one).



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Credit Card Authorization Form

To use a credit card as payment, please sign and complete this form. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled or changed.

- \$350 Application Fee only (remaining balance must be paid in full by start of class).
- \$350 Application Fee at registration and remaining balance charged at start of class (on below listed card).
- Full Amount of \$_____ at registration.

Application Fee is non-refundable!

By signing this form, you give us permission to charge the below listed card for the amount indicated on or after the indicated date. This is permission to use the provided card information for the indicated transaction(s) noted above.

I _____ authorize Crawford Custom Consulting, Inc. to charge my Credit Card.

Billing Details

Name: _____

Address: _____ Phone #: _____

City: _____ State: _____ Zip: _____

Email (for receipt) _____

Credit Card Information

Visa MasterCard AMEX Discover

Cardholder's Name - _____

Credit Card Number - _____ - _____ - _____ - _____

Expiration Date - ____/____

Security Code (CVV) - _____

Billing Zip Code - _____

Individual's Signature _____ Date _____

If you have any questions, please contact us at
(814)333-9600 - ccci@crawfordcustom.com

Thank You for Your Business!