



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 delay the registration process until all required information is submitted.

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

Prior to submitting application

As of December 1, 2022, **ALL** candidates (new or existing) must first create their **myCCO** account through the myCCO portal prior to registration. Upon creation of the account, each candidate will be provided with a CCO ID number that is required for any exam registration. Even if you already know your CCO ID number, exam registration cannot be completed until the myCCO portal account has been created.

*** myCCO Portal can be found at my.ccocert.org ***

Candidate Information - Fill in all required candidate information

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

Written Exams Section - Select the exam(s) that you are applying for.

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.
- If you are unsure of the total balance of your training, please contact our office for verification.

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!



CANDIDATE APPLICATION

MOBILE, TOWER, & OVERHEAD CRANE OPERATOR

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

As of December 1, 2022, **ALL** candidates (new or existing) must first create their **myCCO** account through the portal prior to registration. The **myCCO** portal can be found at my.cocert.org.

CANDIDATE INFORMATION:

CANDIDATE NAME* (As shown on photo id)	FIRST	M.I.	LAST	SUFFIX
CCO ID NUMBER*	DATE OF BIRTH*			
CELL PHONE NUMBER*	CANDIDATE EMAIL*			

COMPANY/ORGANIZATION INFORMATION:

COMPANY/ORGANIZATION	PHONE NUMBER		
COMPANY MAILING ADDRESS			
CITY	STATE	ZIP	
CONTACT PERSON	CONTACT PHONE	CONTACT EMAIL	

WRITTEN EXAM(S) FOR WHICH YOU ARE APPLYING*

<input type="checkbox"/> Mobile Core Exam - (required for certification)
<input type="checkbox"/> Telescopic Boom Fixed Cab
<input type="checkbox"/> Telescopic Boom Swing Cab
<input type="checkbox"/> Lattice Boom Crane
<input type="checkbox"/> Tower Crane
<input type="checkbox"/> Overhead Crane

CLASS / TEST SITE INFORMATION

CLASS DATE:	
LOCATION:	
Have you spoken to any of our associates? <input type="checkbox"/> YES <input type="checkbox"/> NO	If so, who?

RECERTIFICATION

Do you have 1,000 hours of crane-related experience during your current certification period?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If no, you must take and pass the practical exam(s) prior to your expiration date.</i>	

By submitting this application, I agree that the information provided within this application is accurate and complete and any missing, incomplete, or incorrect information may delay the registration process and potentially cause increased fees. I agree to the non-refundable \$350 application fee which is included in the total cost of the training/testing session I have selected. I also agree that by submitting this application, that I (the candidate) or an authorized representative of the candidate listed in this application, authorize Crawford Custom Consulting, Inc. to process provided payment information as well as register the associated written and practical exam applications with the National Commission for the Certification of Crane Operators. Any cancellations will forfeit the \$350 application fee. Any re-scheduling, once registered, may incur additional fees.

SIGNATURE*	DATE*
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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. (If unsure of your full amount, please contact our office.)

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 for the above indicated transaction.

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!