



**OVERTON**  
Safety Training, Inc.

***Digger Derrick Workshop & NCCCO Exam Registration Form***  
***Participant Information***

**Class Information**

Class Dates \_\_\_\_\_ Class Location (City, State) \_\_\_\_\_

**Participant Information**

Name (First Middle Last) \_\_\_\_\_

Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Last 4 of Social Security # \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

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

Email Address \_\_\_\_\_

Company Name \_\_\_\_\_

Company Shipping Address (NO P.O. BOXES) \_\_\_\_\_

City, State, Zip \_\_\_\_\_


**NCCCO Certification Exams & Workshop Pricing**

\_\_\_\_\_ \$1495 Digger Derrick Workshop & NCCCO Certification Exams

Have you previously taken NCCCO exams? \_\_\_\_ Yes \_\_\_\_ No Date last tested? \_\_\_\_\_

NCCCO Certification Number \_\_\_\_\_

Fax completed registration form to **OVERTON** Safety Training,  
ATTN: John at (503) 356-0401 or email to john@overtonsafety.com



# CANDIDATE APPLICATION (CONT'D)

## WRITTEN EXAMINATION—DIGGER DERRICK OPERATOR

### TEST SITE AT WHICH YOU INTEND TO TAKE THE WRITTEN EXAMINATION




TEST SITE NAME	TEST SITE COORDINATOR		
TEST SITE ADDRESS			
CITY	STATE	ZIP	
TEST ADMINISTRATION NUMBER	DATE YOU INTEND TO TAKE THE CCO EXAMINATION		

*Under penalties of perjury, I declare that the foregoing statements and those in any required accompanying documentation are true. I understand and agree that my failure to provide accurate and complete information or abide by NCCCO's policies and procedures, including the Code of Ethics, shall constitute grounds for the rejection of my application, or denial or revocation of my certification. I understand that NCCCO reserves the right to verify any information in this application or in connection with my certification. I consent to NCCCO's release of any information regarding this application and my examination administration to third parties. I have received a copy of the NCCCO Candidate Handbook, have read it, and agree to be bound by it. I also agree to be bound by all NCCCO policies and procedures, as they may be amended from time to time, including without limitation those posted at nccco.org. I attest that I have passed a substance abuse test conducted by a recognized laboratory service and agree to comply with NCCCO's substance abuse policy. I have passed a physical exam that complies with the requirements for my certification designation and I will continue to comply with those requirements.*

CANDIDATE SIGNATURE	DATE
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### METHOD OF PAYMENT FOR CANDIDATE EXAMINATION FEES

**Do not send cash.**

<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> Personal check enclosed	<input type="checkbox"/> Employer check enclosed	<input type="checkbox"/> Money Order enclosed	<i>Please do not staple your check or money order.</i>
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**If paying by credit card, complete the following information:**

CREDIT CARD NUMBER	<input type="text"/>	EXPIRATION DATE	<input type="text"/>
NAME (Print as it appears on card)	SIGNATURE (on card)	SECURITY CODE*	<input type="text"/>

\* Three- or four-digit security code located on the back of the card in the signature panel.

Checks and money orders should be payable to: International Assessment Institute—Attention: CCO Testing

Please send application and payments to:

International Assessment Institute—Attention: CCO Testing  
 1960 Bayshore Blvd.  
 Dunedin, Florida 34698  
 Phone: 727-449-8525  
 Fax: 727-461-2746  
 Email: kim@iaiaexam.com



# **OVERTON**

**Safety Training, Inc.**

## **Candidate Registration and Application Instructions**

### ***READ ALL INSTRUCTIONS BEFORE FILLING OUT REGISTRATION.***

Incomplete or incorrect information could result in additional fees.

Fax completed registration form to OVERTON Safety Training, ATTN: John at 503-356-0401.

#### **Page 1 – Participant Information** – Fill out one per candidate

- Fill out this page completely
- Make sure you have marked the correct workshop or exam boxes
- If you have questions about the specialties (Large, Small, ABL, ABC, or ABW), the exams, or
- anything else, please call OST

#### **Page 2 – Company Information/Payment Terms Agreement** – Fill out one per company (MUST accompany Page 3)

This page is required for ALL companies, even if you have done work with OVERTON in the past.

- Fill out this page completely
- Have signed at the bottom by the contact or A/P contact as an agreement of payment
- If you have any questions, please call OST

#### **Page 3 – Candidate Application (cont'd)** – Need one per candidate taking any written exams\*

- Fill out ONLY the following:
  - First Initial and Last Name (in upper right corner)
  - Candidate Signature and Date (by arrow) – this MUST be the candidate's signature; a third party signature is not allowed
- DO NOT fill in any other information on this page.

#### **Course Fees & Cancellation Policies** – READ CAREFULLY

- All payments ***must be paid to OST in full*** before class date.
- For Qualification Workshop - Cancellations less than 7 days before class, fees are non-refundable but may be applied to another OST class date.
- For NCCCO Certification - Cancellations less than 21 days before class is nonrefundable, but can be applied to another OST class date less a \$100 application fee plus applicable IAI/NCCCO fees per NCCCO guidelines (IAI does NOT refund fees).
- If it is necessary for OST to cancel a class, test, or practical evaluation date you will be notified at least 14 days prior to class date. OST will not be responsible for any costs paid related to travel or lodging due to cancelling this service.

By signing below I, \_\_\_\_\_, acknowledge that I have read and understand the above instructions, fees, policies, and procedures. (Candidate or company point of contact as listed on PTA may sign.)

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Signature

Date