



**OVERTON Safety Training, Inc.**  
**P O Box 6297, Aloha, OR 97007-0297**  
 Toll Free (866) 531-0403  
 Phone: (503) 356-0403  
 Fax (503) 356-0401



“OST fully endorses the national certification program offered by the NCCCO, and will prepare candidates for the CCO certification examinations.”

<b>Participant Information</b> (Please print clearly)		Course Date/Location: <i>See Below</i>	
First Name:	Middle Name:	Last Name:	
Home Mailing Address:		Date of Birth:	Last 4 Digits of Social Security:
City:	State:	Zip:	
Phone:	Email:	Fax:	
NCCCO Certification Number:	Re-Test Candidate: <input type="checkbox"/> No <input type="checkbox"/> Yes, test:	Date last tested:	

**Registration Procedures/Course Fees:**

1. Complete this 2-page registration form and fax or mail to OST at P.O. Box 6297, Aloha, OR 97007-0297 Fax# 503-356-0401. **Registration deadline 9/10/08.**
2. Under separate cover you will receive a NCCCO Candidate Application for your signature and immediate return to our office.
3. All payments are due in full 25 days before training date.
4. If using a company purchase order, a copy of the purchase order must accompany registration form.
5. Visa or MasterCard is accepted. Please call OST office at 503-356-0403 with credit card information.

**Cancellation Policies:**

1. Cancellation or re-scheduling done 21 days or more before class date will be refunded or applied to preferred class less a \$50.00 application fee.
2. Cancellation less than 21 days before class is non-refundable, but can be applied to other class less a \$100.00 application fee plus applicable IAI/NCCCO fees per NCCCO guidelines.
3. 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.

**Miscellaneous:**

1. Please bring government issued photo ID, admission letter for test date, suitable clothing for climate (rain gear, durable shoes/boots, safety glasses). Hard Hats will be provided for practical evaluation.
2. This training course is fast-paced and covers all facets of crane operation. Attendees should be experienced operators and be prepared for homework assignments and review exams as part of the course.
3. Class location information can be found on our web site and will be included in the class packet you will receive prior to the class date. This will be faxed or emailed to you and will include class location address, phone and hotel/lodging contact information.

**Class Date: October 14 – 18, 2008**

**Class times:** 7:30 AM - 5:00 PM

**Class Location:**

ABC – Western Washington Chapter – Bellevue, WA

**Test Preparation Training (Included):**

Instructional preparation program, complete with training sessions, sample exams and load chart exercises.

**Written Exams (Core plus two specialties included):**

(check all that apply)

Mobile Crane

- Core Exam (Mandatory)
- TSS Small Telescopic (fixed cab)
- TLL Large Telescopic (swing cab)
- LBT Lattice Boom Truck
- LBC Lattice Boom Crawler

**Practical Exams (One included):**

(check all that apply)

- TSS Small Telescopic (fixed cab)
- TLL Large Telescopic (swing cab)

**Course Fees for 5-day Workshop - \$1,795**

**Additional Exams w/5-day class:**

NCCCO Written Exam \$100/each \_\_\_\_\_

NCCCO Practical Exam \$200/each \_\_\_\_\_

**Written Exam Only \$300/each** \_\_\_\_\_

**Practical Exam Only \$400-1st** \_\_\_\_\_

\$200/Additional \_\_\_\_\_



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<b>Company Information</b> (Please print clearly)			
Participant Name:			
Company Name:		Federal tax ID:	
Contact person:	Phone:	Fax:	Email:
Mailing Address:			
City:		State:	Zip:
Have you previously established an agreement with us? If yes, under what name?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Accounts Payable</b> (Information must be complete)			
Contact person:			
Billing Address:			
City:		State:	Zip:
Email:		Phone:	Fax:
Purchase order required?	<input type="checkbox"/> No		<input type="checkbox"/> Yes P.O.#
<input type="checkbox"/> Please invoice my company at the above email using the P.O. # shown above.			
<b>Training Service Purchase</b>			
Type:			
Date of training service:		Amount: \$	
<b>Payment Terms and Conditions</b>			
<b>Payment due in full 35 days before training service</b> by check, Visa, MasterCard or cash. Please call <b>OVERTON</b> Safety Training for credit card pre-payment at toll free 1-866-531-0403 or 503-356-0403.			
I testify the above information is true to the best of my knowledge and understanding. I have read the terms and conditions stated above and agree to all of these terms and conditions. I am authorized by the above listed company to sign this payment terms agreement form.			
Signature:		Print name:	
Title:		Date:	