



## NCCCO Articulating Crane Workshop and Candidate Registration Information

**READ BEFORE FILLING OUT REGISTRATION**  
Incomplete or incorrect information could result in additional fees.

This two day workshop includes a student workbook and the following:

### DAY ONE

- Classroom exam preparation for the NCCCO Articulating Crane written exams
- Written practice quizzes

### DAY TWO

- Review
- NCCCO written examinations (ABC, ABL, ABW)
- NCCCO practical exam with one of **OVERTON** Safety Trainings's accredited practical examiners

Available Exams: **Articulating Boom Crane (ABC), Articulating Boom Loader (ABL), and Articulating Boom Crane with Winch (ABW)**. Register for a single specialty or a combination of two specialties (see the next page for available combination options).

- Registration Confirmation – including location, date, and times – will be faxed, e-mailed, or mailed to you.
- Each registrant will receive all course materials upon payment in order to prepare ahead of time.
- Please bring government issued photo ID, admission letter for test date (if received), suitable clothing for practical exams for climate (rain gear, durable shoes/boots, safety glasses, hard hat). Your hard hat will be needed for your practical evaluation.
- NCCCO will provide reasonable, no-cost, ADA-mandated accommodations for those candidates whose documentation supports such a determination. For details visit [www.nccco.org/general/accommodations.html](http://www.nccco.org/general/accommodations.html) Submittal required to NCCCO four weeks prior to testing date.
- If you have already received your NCCCO ID card and want an updated card reflecting additional completed certifications, contact IAI at (727) 449-8525 for information. There is a \$25 fee for the updated card.
- The candidate must review the NCCCO Candidate Handbook (provided in class packet) prior to class which can be found at <http://www.nccco.org/general/handbooks.html>

### Course Fees & Cancellation Policies – READ CAREFULLY

- All payments **must be paid to OVERTON Safety Training in full 21 days** before class date.
- Cancellation or re-scheduling done 15 days or more before class date will be refunded or applied to preferred class minus any non-refundable NCCCO fees that were pre-paid by **OVERTON**.
- Cancellation less than 15 days before class will be billed at 50% of fees or \$150 (whichever is less) plus any non-refundable NCCCO fees that were pre-paid by **OVERTON**.
- If it is necessary for **OVERTON** Safety Training to cancel a class, test, or practical evaluation date you will be notified at least 14 days prior to class date. **OVERTON** Safety Training 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.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# NCCCO Articulating Boom Crane Workshop Registration

Submit registration forms and signed test application to John Kirk at least 21 days prior to class date by emailing forms to [john@overtonsafety.com](mailto:john@overtonsafety.com) or by faxing to (503) 356-0401.

## Class Information

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

## Participant Information

Name (First Middle Last) \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

City, State, Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Have you previously taken NCCCO exams?  Yes  No

Date last tested? \_\_\_\_ / \_\_\_\_ / \_\_\_\_ NCCCO Certification Number \_\_\_\_\_

Company Name (if none, leave blank) \_\_\_\_\_

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

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

## Workshop/Pricing Information

**ABC** = Articulating Boom Crane    **ABL** = Articulating Boom Loader    **ABW** = Articulating Boom Crane w/ Winch

**\$1595 Full Workshop for ONE specialty**

Choose ONE classification:     ABC     ABL     ABW

**\$1695 Full Workshop for TWO specialties**

Choose ONE combination:     ABC & ABL     ABW & ABL

*Note: You will only take one written examination but will have two practical evaluations.*

### Optional Add-on (can be added on to either option above):

**\$100** Rigging & Signaling for Articulating Delivery Cranes  
2 hour qualification program, NOT National Certification

# CANDIDATE APPLICATION (CONT'D)

## WRITTEN EXAMINATION—ARTICULATING CRANE OPERATOR

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

TEST SITE NAME		TEST SITE COORDINATOR NAME*	
TEST SITE ADDRESS			
CITY	STATE	ZIP	COUNTRY
TEST ADMINISTRATION NUMBER*		TEST DATE*	




*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 expressly consent to NCCCO's release of any information consistent with NCCCO's Information Release policy. I have read the NCCCO Candidate Handbook and agree to be bound by all NCCCO policies and procedures—including NCCCO's substance abuse policy—as they may be amended from time to time, including without limitation those posted at nccco.org. I understand that if at any point during my certification period I fail to meet any of the requirements outlined above, or if matters arise that can affect my capability to continue to fulfill certification requirements, I must report it to NCCCO immediately and agree to cooperate with any subsequent investigation regarding such matters.*

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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)	<input type="text"/>	SIGNATURE (on card)	<input type="text"/>
		SECURITY CODE	<input type="text"/>

(Three- or four-digit code located on the card.)

*If using company credit card, provide company name:* \_\_\_\_\_

*Email credit card receipt to:* \_\_\_\_\_

*Checks and money orders should be payable to:* NCCCO

*Please contact your Test Site Coordinator for instructions on where to submit written exam applications. If instructed to submit directly to NCCCO, please send application and payment to:*

NCCCO—Testing Services Department  
 34125 U.S. Highway 19 North, Suite 150  
 Palm Harbor, FL 34684  
 Fax: 727-461-2746  
 Email: [writtenapps@nccco.org](mailto:writtenapps@nccco.org)

Company Information		
Company name or DBA:		
Mailing Address:		
City / State / Zip:		
Contact person:		
Email:	Phone:	Fax:
Accounts Payable Information		
<input type="checkbox"/> Same as information above		Federal Tax ID:
Contact person:		
Billing Address:		
City / State / Zip:		
Email:	Phone:	Fax:
Purchase Order? <input type="checkbox"/> No <input type="checkbox"/> Yes - PO#:		
Copy of purchase order is required. Please fax to (503) 356-0401 or email to kim@overtonsafety.com		
Training Service Purchase		
Type of training:		
Date(s) of training service:		Amount: \$
Participant name(s):		
Policies for Cancellation, Rescheduling, and No Shows		
Open Enrollment National Certification Classes		
(A) All pre-paid <b>non-refundable</b> NCCCO fees and/or shipping charges incurred and pre-shipped training materials not returned (if applicable) will be billed to client at cost/expense incurred.		
<b>NO SHOW:</b> Students who are registered but do not attend training with no advanced notice of cancellation are charged <b>50% of the applicable OVERTON workshop fee + all applicable items listed in (A).</b>		
<b>RESCHEDULE:</b> <i>Students who are registered but need to change their registration to another class date or location. Must be rescheduled to a new class at time of cancellation.</i>		
<ul style="list-style-type: none"> <li>• Student notifies <b>OVERTON 1-14 days</b> in advance from class start date: <b>\$150 reschedule fee + all applicable items listed in (A).</b></li> <li>• Student notifies <b>OVERTON 15+ days</b> in advance from class start date: <b>No rescheduling charges or fees but client charged all applicable items listed in (A).</b></li> </ul>		
<b>CANCELLATION:</b> <i>Students who are registered but need to cancel out of a class and are not rescheduling.</i>		
<ul style="list-style-type: none"> <li>• Student notifies <b>OVERTON 1-14 days</b> in advance from class start date: <b>50% of applicable fees or \$150; whichever is less + all applicable items listed in (A).</b></li> <li>• Student notifies <b>OVERTON 15+ days</b> advanced notice from class start date: <b>No cancellation charges or fees but client charged all applicable items listed in (A).</b></li> </ul>		



**PAYMENT TERMS /  
CANCELLATION AGREEMENT  
PAGE 2 OF 2**

**Terms**

- Payment is due at/by the time of service.
- Net 30 terms may be granted with an approved Purchase Order. A copy of the purchase order is required - Please fax to (503) 356-0401 or email to kim@overtonsafety.com.

**Agreement to Pay**

- I testify the above information is true to the best of my knowledge and understanding.
- I am authorized by the above listed company to sign this payment terms agreement form.

**Paying by:**     Cash     Direct Deposit/ACH     Credit Card     Check

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Credit Card Information**

**To pay by credit card, please complete the following information:**

Visa     MasterCard     American Express     Discover

**Card Number:** \_\_\_\_\_ **Expiration MM/YY:** \_\_\_\_\_ **CVV:** \_\_\_\_\_  
3 or 4 digit code

**Name on card:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Card Address:** (if different than billing)