



Crane Certification Program

Written, Computer Based and Hands-on Practical Assessments



Please not a	<p style="text-align: center;">Written or Computer Assessments</p> <ul style="list-style-type: none"> • Lattice Boom Crane • Telescopic Boom Crane • Industrial/All Purpose Crane • Boom Truck Crane 	<p style="text-align: center;">Practical Examinations</p> <ul style="list-style-type: none"> • Industrial/All Purpose • Rubber Tire Truck Mount • Rough Terrain/All Terrain • Crawler Mount 	ase e: If par
--------------------	---	--	---------------------

Exam	Member Fee	Non-Member Fee
Crane Written Assessment	\$175.00	\$275.00
Crane Computer-Based Assessment	\$175.00	\$275.00
Practical Exam (per crane type)	\$290.00	\$390.00

For Written or Computer- Based Assessments

1. Candidate must complete and submit to ABC *Application for NCCER Crane Written or Computer Based Assessment Test*. Application may be downloaded from www.abccentralcal.org/

2. Candidate must pass the written assessment for each mobile crane type that will be operated with a minimum score of 80%.

For Hands-on Practical Assessments

1. Applicant must complete and submit to ABC *Application for Mobile Crane Practical Examination*. Application may be downloaded from <http://www.nccer.org/documents/forms/AppForMobCranePracExams.pdf>
2. To be eligible for Practical Assessment; Applicant must have successfully passed NCCER Written or Computer Based Crane Assessment.
3. Candidate must pass the Practical assessment for each mobile crane type that will be operated with a minimum score of 80%.

All applicants must be at least 18 years of age

General Information

NCCER Certification process (passing of both written and practical assessments) meets current ASME B30.5 standards. Crane certification is good for 5 years. NCCER will issue a wallet card for you to show for Inspections. Practical exams will be scheduled upon request. Written or computer assessment must be successfully completed prior to scheduling of the Practical exam. Practical exam must be completed within one year of successful written or computer testing.

***Please call the Chapter Office for test dates and to Schedule Exams
661-392-8729***

Associated Builders and Contractors– Central California Chapter
1608 Norris Road * PO Box 80718, Bakersfield, CA 93380
(661)392-8729 fax (661) 392-9076 www.abccentralcal.org
No Cancellations or refunds on no-shows

Application for Mobile Crane Practical Examination

Submitted by: _____
AAC Name

Primary Administrator Name Primary Administrator Signature

Confidentiality of Information: Information supplied by an individual or employer is for the confidential use of NCCER and will not be disclosed without the written permission of the individual or employer concerned. This application should be submitted to the Administrator of the NCCER Mobile Crane Endorsed AAC. Administrator verifies Application completeness, maintains a copy for the AAC's file, and submits to NCCER within three (3) days.

Personal Data • Please Type or Print Only • Fill in Completely

Name (first, middle, last): _____

Social Security Number: _____ - _____ - _____

Home Phone: _____ Cell Phone: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Employer Phone: _____ Fax: _____

Check the appropriate crane type for which you are applying. (Check *only one* per application.)

Industrial/All Purpose Rubber Tire Truck Mount Rough Terrain/All Terrain Crawler Mount

By signing this application, I verify that a medical professional has found me physically qualified to operate mobile cranes per ASME B30.5, that I have passed a substance abuse test, and that I will continue to comply with the requirements.

I also acknowledge that I have received a copy of the *Mobile Crane Operator Certification Program Candidate Handbook*. I further agree to the following conditions: a) to comply with the relevant provisions of the certification scheme, b) to make claims regarding certification only with respect to the scope for which certification has been granted, c) not to use the certification in such a manner as to bring the certification body into disrepute, and not to make any statement regarding the certification which the certification body may consider misleading or unauthorized, d) to discontinue the use of all claims to certification that contains any reference to the certification body or certification upon suspension or withdrawal of certification, and to return any certificates issued by the certification body, and e) not to use the certificate in a misleading manner.

In addition, I agree to abide by the conditions of certification and agree to inform the certifier of any changes affecting the status of the certification.

Applicant Signature Date (must match date of practical)

Email to: CraneCertification@nccer.org (or) Fax to: 352-334-0929 (or)
Mail to: NCCER Crane Certification Program, 3600 NW 43rd Street, Building G, Gainesville, FL 32606

8/10

Crane Operator Certification Program Accident Report

Complete this form with as much detail as possible. Fields with an asterisk (*) are required.

Operator Name:* _____

SS# / NCCER Card #:* _____

Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Employer Name: _____

Employer Phone: _____

Location of Accident: _____

Crane Manufacturer: _____ Crane Model: _____

Please provide a brief description of the accident, including any injuries to others or the property:

Describe any injuries you sustained:

Estimate of any property damage in \$ _____

Was OSHA contacted? Yes No

Fax to 352.334.0929, Attn: Crane Operator Certification Program
(or)
Email to CraneCertification@nccer.org