



# Candidate Application

## WRITTEN EXAMINATION—DEDICATED PILE DRIVER OPERATOR (PAPER/PENCIL TEST ONLY)

*Please type or print neatly.*

FULL LEGAL NAME (as shown on valid photo ID)	First	Middle	Last	Suffix (Jr., Sr., III)
CCO CERTIFICATION NUMBER (if previously certified)	DATE OF BIRTH	CANDIDATE ID: (if previously tested)		
MAILING ADDRESS				
CITY	STATE	ZIP	COUNTRY	
PHONE	CELL	E-MAIL		
COMPANY/ORGANIZATION		PHONE		
COMPANY MAILING ADDRESS				
CITY	STATE	ZIP	COUNTRY	
<input type="checkbox"/> I AM REQUESTING TESTING ACCOMMODATIONS IN COMPLIANCE WITH THE AMERICAN WITH DISABILITIES ACT (ADA). <i>(For details on NCCCO's Testing Accommodations policy, please see <a href="http://www.nccco.org/accommodations">www.nccco.org/accommodations</a>.)</i>				

### WRITTEN EXAMINATION FOR WHICH YOU ARE APPLYING

*FILL IN the appropriate circle(s) below for correct fees.*

#### WRITTEN EXAM/RETEST FEES

<input type="radio"/> Dedicated Pile Driver Operator Written Exam—new candidate (650501) .....	\$200
<b>OTHER FEES</b>	
<input type="radio"/> Candidate Late Fee (if applicable) .....	\$50
<input type="radio"/> Incomplete Application Fee (if applicable) .....	\$30
<input type="radio"/> Updated/Replacement Card .....	\$25
<b>TOTAL AMOUNT DUE</b> .....	\$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>

# CANDIDATE APPLICATION (CONT'D)

## WRITTEN EXAMINATION—DEDICATED PILE DRIVER OPERATOR

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

TEST SITE NAME <b>Omni Amelia Island Plantation Resort</b>	TEST SITE COORDINATOR <b>Tara Whittington</b>		
TEST SITE ADDRESS <b>39 Beach Lagoon Rd.</b>			
CITY <b>Amelia Island</b>	STATE <b>FL</b>	ZIP <b>32034</b>	COUNTRY
TEST ADMINISTRATION NUMBER <b>FL24455</b>	DATE YOU INTEND TO TAKE THE CCO EXAMINATION <b>June 28, 2017</b>		

*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, consistent with NCCCO's Information Release policy. 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 federal Department of Transportation requirements and I will continue to comply with those requirements. 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.*

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	EXPIRATION DATE
NAME (Print as it appears on card)	SIGNATURE (on card)
	SECURITY CODE*

\* Three- or four-digit code located on the card.

Checks and money orders should be payable to: NCCCO

Please send application and payments to:

NCCCO  
 Tara Whittington  
 2750 Prosperity Ave., Suite 505  
 Fairfax, VA 22031  
  
 Phone: 703-560-2391 ext. 206  
 Fax: 703-560-2392  
 Email: [twhittington@nccco.org](mailto:twhittington@nccco.org)