

International Union of Operating Engineers, Local 181

JOINT APPRENTICESHIP AND TRAINING PROGRAM

IUOE Local 181, Indiana Constructors, Inc., Associated General Contractors of Indiana (Southwestern Branch),
And Highway Contractors, Inc.

From the Office of:

■ Lynnville Training Site
722 E. S.R. 68
Lynnville, IN 47619
Phone: 812-922-5541
Fax: 812-922-5018



From the Office of:

□ Boston Training Site
P.O. Box 78
1450 Wilson Creek Rd.
Boston, KY 40107
Phone: 502-833-2358
Fax: 502-833-3224

□ Master Records and Bookkeeping Office
P.O. Box 34 • Henderson, KY 42419-0034
Phone: 270-826-2704 • Fax: 270-827-2014

- **Recertification applications must include a color photo without a hat/sunglasses and a copy of your current NCCCO certification card. If you have been to either training site lately we may have a picture. Call ahead to verify please.**

All forms were revised in **January, 2012**. Previous revisions will not be accepted by IAI/CCO. If you need the new forms, please call us or access the new forms on the Internet at www.nccco.org and type candidate handbooks in the search bar.

Mail Completed WRITTEN TEST Applications to:

**IUOE Local 181 JATP
722 E. SR 68
Lynnville IN 47619**

Checks / Money Orders are to be made payable to:

International Assessment Institute (IAI) – CCO TESTING

- **Lodging**

Motel 6 in Dale Indiana (exit 57 off I64) – Call Margaret @ 812-922-5541 for reservations. **(If you need to cancel Your Reservation Call: Motel 6 @ 812-937-2294)** PLEASE NOTE THAT THE TRAINING PROGRAM "REIMBURSEMENT POLICY" HAS BEEN AMENDED AS FOLLOWS: If the member has asked for a room reservation he/she cannot fulfill, he/she must call the hotel to cancel the reservation. If the reservation is not cancelled and the Program is billed for the "no show", the hotel charges will be deducted from future reimbursements due to the member.

The test is scheduled as follows:

- **Application Deadline**

Your **completed** applications are **due** in **Lynnville** by **Noon on Tuesday, February 14, 2012**.

- **Prep Classes – Lynnville Training Site**

Friday and Saturday, **February 24 & 25**, starting at **7:00 a.m. Central (or slow) Time**. *Please note that the following 4 load charts only will be covered during the Prep Session: Manitowoc 888 Series 2, Manitowoc 777T, Grove TMS 750B, and Broderson RT300-2BO

- **Written Test – Lynnville Training Site**

Saturday, **March 3, 2012** – Site will be open for members before 7:00 AM. You should receive a letter from IAI/CCO with your test starting time.

- **Written Test Site # - IN 13018**

- **All applications must include payment.**

Per IAI: Candidates will be charged an additional \$30 fee if: your application form is incomplete; you do not send in full payment; you do not select a load chart option on specialty exam; or if you change load chart options after packet is sent in; or if you decide to add a specialty after packet is sent in; or if your check or credit card charges are declined. There is a \$50 late fee for applications sent in after the application deadline and the late fee must be included with the application.

NOTICE

The following Load Charts ONLY will
be covered during the Prep Session
February 24 & 25, 2012:

Manitowoc 888 Series 2

Manitowoc 777T

Grove TMS 750B

Broderson RT300-2BO

Anyone interested in load charts for any
other cranes will need to call the
Lynnville Training Site at 812-922-5541
to schedule training.

Please return applications with requested documents by February 14, 2012 to:

IUOE Local 181 JATP

722 E. SR 68

Lynnville IN 47619

Applications received after the application deadline, are subject to a \$50 late fee which must be included with the application.

APPLICATION CHECKLIST

First Time Applicants:

- Completed and ***Signed*** Application Revised 1/12
- Completed and ***Signed*** Experience Form
- Load Charts Selected
- Payment (Made Payable to: International Assessment Institute Attn: CCO Testing)
No Cash Accepted
- Signed Hold Harmless Agreement
- Copy of your IUOE Registration Card if you are a member of another local
- Physical Examination Form (need to have a current physical on file)

Recertification Applicants:

- Completed and ***Signed*** Application Revised 1/12
- Completed and ***Signed*** Experience Form
- Load Charts Selected
- Color Passport Photo – **full face, no sunglasses, no hat**
- A digital photo may be emailed to mp@speedex.net.
- Copy of current NCCCO Certification Card
- Payment (Made Payable to: International Assessment Institute Attn: CCO Testing)
No Cash Accepted
- Signed Hold Harmless Agreement
- Copy of your IUOE Registration Card if you are a member of another local
- Physical Examination Form (need to have a current physical on file)

*****All forms were revised January, 2012. Previous revisions will not be accepted by IAI/CCO.**



Operating Engineers Local 181
Apprenticeship and Training Program

CCO CRANE CERTIFICATION

WAIVER AND HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

The undersigned enters into this Waiver and Hold Harmless and Indemnification Agreement based upon the following Agreement:

The undersigned person, hereby waives any right he/she may have to take any action against the I.U.O.E. Local 181 and the Joint Apprenticeship and Training Programs of the I.U.O.E., Local 181 as a result of the information release described below, and the undersigned person hereby agrees to indemnify and hold harmless the I.U.O.E., Local 181 and the Joint Apprenticeship and Training Programs of the I.U.O.E., Local 181, in Indiana and Kentucky, their Agents, Representatives and Trustees against any and all claims or demands or causes of action made by anyone, including the undersigned, growing out of or in any manner attributable to any injuries or damages that may be sustained or incurred by said person or anyone on his behalf arising from injuries incurred from any employment or activity resulting from said release of information which may arise in the future and any expenses incurred by I.U.O.E., Local 181 and the Joint Apprenticeship and Training Programs of the I.U.O.E., Local 181 in defending any such action brought by any person whatsoever, whether such claim or action arises direct, by subrogation, assignment or otherwise.

I hereby acknowledge that no promise, inducement or agreement not herein expressed has been made to me and that this Hold Harmless Agreement contains the entire Agreement between the parties hereto and that this Agreement is contractual and not a mere recital.

The undersigned has read the foregoing Agreement of Indemnification and fully understands it.

I, _____ herein grant permission to the I.U.O.E. Joint Apprenticeship and Training Program to release my CCO Crane Certification Test Scores and information pertaining to my CCO Crane Certification.

Dated this _____ day of _____, 2012. _____

(Signature)



Candidate Application

WRITTEN EXAMINATION—MOBILE, TOWER, & OVERHEAD CRANE OPERATOR

Please type or print neatly.

NAME		First	Middle	Last
NCCCO CERTIFICATION NUMBER (if previously certified)		DATE OF BIRTH		SOCIAL SECURITY #
MAILING ADDRESS			CITY	STATE
PHONE			CELL	FAX
COMPANY/ORGANIZATION			PHONE	
IUOE, Local 181			270 826 2704	
COMPANY MAILING ADDRESS			CITY	STATE
PO Box 34			Henderson	KY
			ZIP	42419
<input type="checkbox"/> I AM REQUESTING TESTING ACCOMMODATIONS IN COMPLIANCE WITH THE AMERICAN WITH DISABILITIES ACT (ADA). (For details on NCCCO's Testing Accommodations policy, please see http://www.nccco.org/general/accommodations.html .)				

WRITTEN EXAMINATION(S) FOR WHICH YOU ARE APPLYING

FILL IN the circle next to the crane type(s) for which you are applying; for Mobile Cranes, CHECK the load chart you want to use for that crane type. Also FILL IN the appropriate circle(s) below for correct fees. NOTE: If you are registering for Mobile Crane exams, you must register for the Mobile Core Exam and at least one Specialty Exam (unless you are a Retest Candidate).

If you are recertifying, please use separate Recertification Written Examination Application Form.

WRITTEN EXAMS

LOAD CHARTS		
<input type="radio"/> Mobile Core Exam	652603	(Check one for each Specialty Exam)
<input type="radio"/> Lattice Boom Crawler	652620	<input type="checkbox"/> American LBC
	652607	<input type="checkbox"/> Manitowoc LBC
<input type="radio"/> Lattice Boom Truck	652609	<input type="checkbox"/> Link-Belt LBT
	652610	<input type="checkbox"/> Manitowoc LBT
<input type="radio"/> Telescopic Boom— Swing Cab	652612	<input type="checkbox"/> Grove TLL
	652613	<input type="checkbox"/> Link-Belt TLL
<input type="radio"/> Telescopic Boom— Fixed Cab	652616	<input type="checkbox"/> Manitex TSS
	652650	<input type="checkbox"/> Broderson TSS
<input type="radio"/> Tower Crane	654601	
<input type="radio"/> Overhead Crane	653601	

WRITTEN EXAM/RETEST FEES

MOBILE CRANE EXAMS	
<input type="radio"/> Core Exam plus one Specialty Exam	\$165
<input type="radio"/> Core Exam plus two Specialty Exams	\$175
<input type="radio"/> Core Exam plus three Specialty Exams	\$185
<input type="radio"/> Core Exam plus four Specialty Exams	\$195

RETEST or ADDED SPECIALTY FEES	
<input type="radio"/> Core Exam only (Retest)	\$165
<input type="radio"/> One Specialty Exam (Retest or Added Specialty)	\$65
<input type="radio"/> Two Specialty Exams (Retest or Added Specialty)	\$75
<input type="radio"/> Three Specialty Exams (Retest or Added Specialty)	\$85
<input type="radio"/> Four Specialty Exams (Retest)	\$95

TOWER CRANE EXAMS	
<input type="radio"/> Tower Crane Written Exam (new Candidate)	\$165
<input type="radio"/> Tower Crane Written Exam (current NCCCO-certified Mobile Crane Operator, or new candidate taking exam same time as Mobile Crane exams)	\$50

OVERHEAD CRANE EXAMS	
<input type="radio"/> Overhead Crane Written Exam (new Candidate)	\$165
<input type="radio"/> Overhead Crane Written Exam (current NCCCO-certified Mobile Crane Operator, or new candidate taking exam same time as Mobile Crane exams)	\$50

TOTAL AMOUNT DUE \$

OTHER FEES	
<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
ADD TO TOTAL AMOUNT AT RIGHT →	

CANDIDATE APPLICATION (CONT'D)

WRITTEN EXAMINATION—MOBILE, TOWER, & OVERHEAD CRANE OPERATOR

TEST SITE AT WHICH YOU INTEND TO TAKE THE WRITTEN EXAMINATION




TEST SITE NAME IUOE, Local 181, JATP	TEST SITE COORDINATOR Richard Grider		
TEST SITE ADDRESS 722 East State Route 68			
CITY Lynnville	STATE IN	ZIP 47619	
TEST SITE NUMBER IN 13018	DATE YOU INTEND TO TAKE THE CCO EXAMINATION March 3, 2012		

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 and have read it; I understand and agree to be bound by all prevailing NCCCO policies and procedures. 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 ASME B30 standard for my certification category 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
 600 Cleveland Street, Suite 900
 Clearwater, Florida 33755
 Phone: 727-449-8525
 Fax: 727-461-2746



Recertification Application

WRITTEN EXAMINATION—MOBILE, TOWER, & OVERHEAD CRANE OPERATOR

Please type or print neatly.

NAME		First	Middle	Last
NCCCO CERTIFICATION NUMBER		DATE OF BIRTH		SOCIAL SECURITY #
MAILING ADDRESS			CITY	STATE
PHONE			CELL	FAX
COMPANY/ORGANIZATION			PHONE	
IUOE, Local 181			270 826 2704	
COMPANY MAILING ADDRESS			CITY	STATE
PO Box 34			Henderson	KY
			ZIP	42419
<input type="checkbox"/> I AM REQUESTING TESTING ACCOMMODATIONS IN COMPLIANCE WITH THE AMERICAN WITH DISABILITIES ACT (ADA). (For details on NCCCO's Testing Accommodations policy, please see http://www.nccco.org/general/accommodations.html .)				

WRITTEN EXAMINATIONS FOR WHICH YOU ARE APPLYING

This application is for recertification only. You may ONLY recertify in the category(ies) in which you are currently certified. FILL IN the circle next to the crane type(s) for which you are applying for recertification. If you would like to take Additional Examinations for cranes that you are not currently certified on, then FILL IN the examinations of your choice and CHECK the load chart you want to use for that crane type.

EXAMINATIONS

RECERTIFICATION EXAMS	LOAD CHARTS
<input type="radio"/> Core Exam 652605	(Check one for each Specialty Exam)
<input type="radio"/> Lattice Boom Crawler 652625	<input type="checkbox"/> American LBC
652608	<input type="checkbox"/> Manitowoc LBC
<input type="radio"/> Lattice Boom Truck 652611	<input type="checkbox"/> Link-Belt LBT
652635	<input type="checkbox"/> Manitowoc LBT
<input type="radio"/> Telescopic Boom— 652614	<input type="checkbox"/> Grove TLL
Swing Cab 652645	<input type="checkbox"/> Link-Belt TLL
<input type="radio"/> Telescopic Boom— 652656	<input type="checkbox"/> Manitex TSS
Fixed Cab 652655	<input type="checkbox"/> Broderson TSS
<input type="radio"/> Tower Crane 654602	
<input type="radio"/> Overhead Crane 653602	

ADDITIONAL EXAMINATIONS	LOAD CHARTS
	(Check one for each Specialty Exam)
<input type="radio"/> Lattice Boom Crawler 652620	<input type="checkbox"/> American LBC
652607	<input type="checkbox"/> Manitowoc LBC
<input type="radio"/> Lattice Boom Truck 652609	<input type="checkbox"/> Link-Belt LBT
652610	<input type="checkbox"/> Manitowoc LBT
<input type="radio"/> Telescopic Boom— 652612	<input type="checkbox"/> Grove TLL
Swing Cab 652613	<input type="checkbox"/> Link-Belt TLL
<input type="radio"/> Telescopic Boom— 652616	<input type="checkbox"/> Manitex TSS
Fixed Cab 652650	<input type="checkbox"/> Broderson TSS
<input type="radio"/> Tower Crane 654601	
<input type="radio"/> Overhead Crane 653601	

RECERTIFICATION EXAM FEES/RETEST FEES

- Mobile Core Exam plus one Specialty Exam \$150
- Mobile Core Exam plus two Specialty Exams \$155
- Mobile Core Exam plus three Specialty Exams \$160
- Mobile Core Exam plus four Specialty Exams \$165
- Tower Crane (only) \$150
- Tower Crane (with Mobile Crane)..... \$50
- Overhead Crane (only)..... \$150
- Overhead Crane (with Mobile Crane)..... \$50

- Mobile Core Exam only (Retest) \$150
- One Mobile Specialty Exam (Retest)..... \$50
- Two Mobile Specialty Exams (Retest) \$55
- Three Mobile Specialty Exams (Retest) \$60
- Four Mobile Specialty Exams (Retest)..... \$65

ADDITIONAL EXAM FEES*

(*ONLY for candidates adding to existing Mobile certifications; for candidates adding Mobile to Tower or Overhead certifications, use standard Written Exam Candidate Application form.)

- One Mobile Specialty Exam \$65
- Two Mobile Specialty Exams \$75
- Three Mobile Specialty Exams \$85
- Tower Crane Exam..... \$50
- Overhead Crane Exam \$50

- Candidate Late Fee (if applicable) \$50
- Incomplete Application Fee (if applicable) \$30

TOTAL AMOUNT DUE \$

CANDIDATE RECERTIFICATION APPLICATION (CONT'D)

WRITTEN EXAMINATION—MOBILE, TOWER, & OVERHEAD CRANE OPERATOR

TEST SITE AT WHICH YOU INTEND TO TAKE THE WRITTEN EXAMINATION

TEST SITE NAME IUOE, Local 181, JATP	TEST SITE COORDINATOR Richard Grider	
TEST SITE ADDRESS 722 East State Route 68		
CITY Lynnville	STATE IN	ZIP 47619
TEST SITE NUMBER IN 13018	DATE YOU INTEND TO TAKE THE NCCCO EXAMINATION March 3, 2012	

I do NOT have 1,000 hours of documented crane-related experience, and I must therefore take an NCCCO Practical Exam for each category in which I wish to be recertified.

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 and have read it; I understand and agree to be bound by all prevailing NCCCO policies and procedures. 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 ASME B30 standard for my certification category and I will continue to comply with those requirements. I further affirm either that I have maintained at least 1,000 hours of crane-related experience in the past five years or, if I have not maintained this experience, I have checked the box above this panel indicating that before my certification expires I will take and pass a practical exam for each category in which I wish to be recertified.

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 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
 600 Cleveland Street, Suite 900
 Clearwater, Florida 33755
 Phone: 727-449-8525
 Fax: 727-461-2746

CANDIDATE APPLICATION CHECKLIST

<input type="checkbox"/> I have completed and signed the <i>Candidate Application</i> . <input type="checkbox"/> I have provided credit card information or a check or money order for the correct amount due. <input type="checkbox"/> I have attached a color passport photo (full face, no sunglasses, no hat). A digital photo may be substituted for a passport photo.

**Attach Color
Passport Photo
Here**

1-3/8" W x 1-3/4" H

For additional information regarding *recertification*, contact:

National Commission for the Certification of Crane Operators (NCCCO)	Phone: 703-560-2391	info@nccco.org
2750 Prosperity Avenue, Suite 505	Fax: 703-560-2392	www.nccco.org
Fairfax, VA 22031		