

# ATTENTION OPERATING ENGINEERS

## NCCCO Written Exam Scheduled

### **Saturday, May 14, 2022**

@ IUOE Local 181 Lynnville Training Site  
722 East SR 68 ~ Lynnville IN 47619



Application deadline is Tuesday, April 26, 2022

Prep Sessions will be held at the Lynnville Training Site:

Friday & Saturday, May 6<sup>th</sup> & 7<sup>th</sup>  
Overhead Crane Prep Monday, May 9<sup>th</sup>  
Load Chart Review Friday, May 13<sup>th</sup>

Class size is limited

Call 812-922-5541 for an Application Packet or  
Download from our website [www.iuoelocal181.org](http://www.iuoelocal181.org)

Testing for IUOE members in good standing only

# 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

### **Please E-Mail Completed WRITTEN TEST Applications to:**

- **Email:** [margaret.patterson@iuoe181.org](mailto:margaret.patterson@iuoe181.org)
- **Mail:** IUOE Local 181 JATP  
722 East SR 68  
Lynnville IN 47619
- **Lodging --** If mileage from your home to the training site (one way) is over 100 miles, you qualify for a motel room. Comfort Inn in Ferdinand Indiana (exit 62 off I-64) – Call Margaret/Cristal @ 812-922-5541 for reservations. **Please submit the enclosed NCCCO Prep Session & Motel Reservation Questionnaire with your completed application. (To make changes to your reservation call the Lynnville Training site at 812-922-5541 during business hours 7am – 3:30pm CST)**
- **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** application & exam fees are **due** in Lynnville by **Noon on Tuesday, April 26, 2022.**
- **Prep Classes – Lynnville Training Site:**  
**Friday and Saturday, May 6<sup>th</sup> & 7<sup>th</sup>, 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 (Lattice Boom Crawler & Truck), Grove (Large Telescopic – Swing Cab) and Shuttlelift (Small Telescopic – Fixed Cab)**  
**Overhead Review -- Monday, May 9<sup>th</sup>**  
**Load Chart Review – Friday, May 13<sup>th</sup>**
- **Written Test – Lynnville Training Site**  
**Saturday, May 14, 2022 – Site will be open for members before 7:00 AM.**
- **Recertification applications must include a color photo without hat/sunglasses and a copy of your current NCCCO certification card. The training site may have a useable photo on file, please call ahead to verify.**
- **Applicants adding specialties must include a copy of your current NCCCO certification card.**
- **All applications must include payment by credit card ONLY.**

*Per NCCCO:* 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.



# Candidate Application

## WRITTEN EXAMINATION—MOBILE, TOWER, & OVERHEAD CRANE OPERATOR (PAPER/PENCIL TESTS ONLY)

*Please type or print neatly. All fields marked with an asterisk (\*) must be completed or application will be considered **incomplete**.*

FULL LEGAL NAME (as shown on driver's license)	FIRST*	Middle	LAST*	Suffix (Jr., Sr., III)
CCO CERTIFICATION NUMBER (if previously certified)	DATE OF BIRTH*			
PERSONAL MAILING ADDRESS*			CITY*	STATE*    ZIP*    COUNTRY USA
HOME PHONE	CELL PHONE*	CANDIDATE EMAIL* (PERSONAL EMAIL UNIQUE TO CANDIDATE)		

### WRITTEN EXAMINATION(S) FOR WHICH YOU ARE APPLYING

### WRITTEN EXAM FEES

INITIAL EXAMS*	LOAD CHARTS
<input type="radio"/> Mobile Core Exam	
<input type="radio"/> Lattice Boom Crawler (LBC)	<input type="checkbox"/> Manitowoc
<input type="radio"/> Lattice Boom Truck (LBT)	<input type="checkbox"/> Manitowoc
<input type="radio"/> Telescopic Boom Swing Cab (TLL)	<input type="checkbox"/> Grove
<input type="radio"/> Telescopic Boom Fixed Cab (TSS)	<input type="checkbox"/> Shuttlelift
<input type="radio"/> Tower Crane	
<input type="radio"/> Overhead Crane	

MOBILE CRANE OPERATOR EXAMS	
<input type="radio"/> Core Exam .....	\$120
<input type="radio"/> One Specialty Exam .....	\$60
<input type="radio"/> Two Specialty Exams .....	\$120
<input type="radio"/> Three Specialty Exams .....	\$180
<input type="radio"/> Four Specialty Exams .....	\$240
<hr/>	
TOWER CRANE OPERATOR EXAM	
<input type="radio"/> Tower Crane Operator Written Exam .....	\$180
<hr/>	
OVERHEAD CRANE OPERATOR EXAM	
<input type="radio"/> Overhead Crane Operator Written Exam .....	\$180
<hr/>	
OTHER FEES	
<input type="radio"/> Candidate Late Fee (if applicable) .....	\$50
<input type="radio"/> Incomplete Application Fee (if applicable) .....	\$30
<hr/>	
<b>TOTAL AMOUNT DUE</b> .....	\$ <input style="width: 100px;" type="text"/>

RECERTIFICATION EXAMS*	LOAD CHARTS
<input type="radio"/> Mobile Core Exam	
<input type="radio"/> Lattice Boom Crawler (LBC)	<input type="checkbox"/> Manitowoc
<input type="radio"/> Lattice Boom Truck (LBT)	<input type="checkbox"/> Manitowoc
<input type="radio"/> Telescopic Boom Swing Cab (TLL)	<input type="checkbox"/> Grove
<input type="radio"/> Telescopic Boom Fixed Cab (TSS)	<input type="checkbox"/> Shuttlelift
<input type="radio"/> Tower Crane	
<input type="radio"/> Overhead Crane	

## CANDIDATE APPLICATION (CONT'D)

### WRITTEN EXAMINATION—MOBILE, TOWER, & OVERHEAD CRANE OPERATOR

*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, or other sanctions. 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, and I expressly consent to NCCCO's Privacy Policy as set forth on the NCCCO website. 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 agree to cooperate with any NCCCO investigations and further agree that any legal proceeding arising out of or in any way relating to my NCCCO certification(s) shall be commenced in the state of Virginia and irrevocably submit to, and waive any objections to, such exclusive jurisdiction and venue. 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.*

CANDIDATE SIGNATURE\*

DATE\*

#### **\*\*\*Required for Recertification Applicants**

**Do you have 1,000 hours of documented crane-related experience during your current certification period?\***

- Yes, and I understand that NCCCO may, at any time, request documentation to be provided in order to verify my experience, and if such documentation is not provided my certification may be impacted.
- No, and I understand I must take and pass the practical exam(s) prior to my expiration date.

#### **METHOD OF PAYMENT FOR CANDIDATE EXAMINATION FEES**

    

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.)

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

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

*Please send application and payment to:*

IUOE Local 181 JATP  
722 East SR 68  
Lynnville IN 47619  
Email: [margaret.patterson@iuoe181.org](mailto:margaret.patterson@iuoe181.org)

PRINT NAME: \_\_\_\_\_

Please Check All That Apply

- I will attend the NCCCO Prep Sessions/Written Exam
  - Friday, May 6<sup>th</sup>**
  - Saturday, May 7<sup>th</sup>**
  - Overhead Review, May 9<sup>th</sup>**
  - Load Chart Review, May 13<sup>th</sup>**
  - Written Exam, May 14<sup>th</sup>**
- I do NOT live 100 miles (one way) from the training site & do NOT qualify for a motel room
- I am a member of another local and do NOT qualify for a motel room
- I live 100 miles (one way) from the training site & will need a motel room

For the 2-day prep session (May 6<sup>th</sup> & 7<sup>th</sup>):

Check in: \_\_\_\_\_ Check out: \_\_\_\_\_

For Additional Instruction & Test:

Check in: \_\_\_\_\_ Check out: \_\_\_\_\_

Check in: \_\_\_\_\_ Check out: \_\_\_\_\_

Special Instructions (i.e. you qualify for a motel room but plan to drive): \_\_\_\_\_

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**\*\*Notice:** Only Local 181 members are eligible for motel rooms paid for by the training fund.

**Reservations must be made by Training Site Personnel Only**

All reservations will be made at the Comfort Inn at Ferdinand for eligible members testing May 14, 2022.

PLEASE NOTIFY THE TRAINING SITE OF ANY CHANGES TO YOUR RESERVATION

PLEASE NOTE THAT THE TRAINING PROGRAM "REIMBURSEMENT POLICY" HAS BEEN AMENDED AS FOLLOWS: If the member has asked for a hotel room reservation that he/she cannot fulfill, he/she must call the motel 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.

To **CANCEL** your reservation please call: Lynnville training site 812-922-5541 Monday – Friday 7-3:30 CST. After hours call: Comfort Inn 812-817-0484 **AND** call the training site ASAP and notify us of any changes.



## NCCCO 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 \_\_\_\_\_, 2022 .

\_\_\_\_\_  
(Signature)

# LOCAL 181 OPERATING ENGINEERS EXPERIENCE FORM FOR CCO TESTING

Operators Name \_\_\_\_\_

Address: \_\_\_\_\_

SS #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

A candidate must have had at least 1000 hours of documented experience in the past four years before applying for the Practical (hands on) Examination.<sup>1</sup> For practical examination purposes, experience is defined as any crane or hoisting operating experience. On this basis, please list below the employment dates, employing company or organization and specific job responsibilities applicable to the experience gained in crane operation.

**NOTE:** Photocopy this page to document additional positions held. Please make sure you enclose the Experience form with your completed application. DO NOT STAPLE form to your application.

I. Company/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Describe your specific job responsibilities and experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximate number of hours of crane operation: \_\_\_\_\_

II. Company/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Describe your specific job responsibilities and experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximate number of hours of crane operation: \_\_\_\_\_

**The attestation statement below must be signed by the candidate.**

I hereby attest that the information provided above is accurate, complete and truthful, and that I have accomplished the required experience in crane operation. I understand that it is the policy of IUOE to conduct random audits of applications and that falsification of any information in the application may result in denial to take the certification examination and and/or revocation of certification.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> Individuals whose crane operating experience did not occur within the past four years, and who have more than 1000 hours of experience may petition the Local 181 Certification Committee to sit for the examination. Call 812-922-5541 or 502-833-2358.