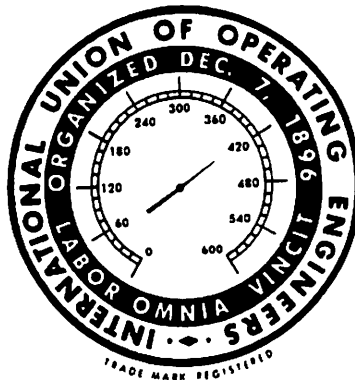


**ATTENTION
OPERATING ENGINEERS**

NCCCO Written Exam Scheduled

Saturday - November 12, 2022

at IUOE Local 181 Lynnville Training Site
722 East SR 68 – Lynnville IN 47619



Application deadline is Tuesday, October 25, 2022

Prep Sessions will be held at the Lynnville Training Site:

Friday & Saturday, November 4th & 5th

Overhead Crane Prep Monday, November 7th

Load Chart Review Friday, November 11th

Class size is limited

Call 812-922-5541 for an Application Packet or Download
from our website www.iuoeocal181.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 Construction Association, Building Division - ICA, Inc.
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

CCO Written Exam Scheduled

To reserve your seat for the test, return the enclosed: **1.) Candidate Application, 2.) Prep Session & Motel Reservation Questionnaire, and 3.) Hold Harmless Agreement** as soon as possible.

If you are a first-time tester, you will also need to include the Experience Form.

You may be asked to provide a copy of your current CCO card if one is not already on file. Updated candidate photos will be taken at the prep session or on test day if necessary.

- **Prep Classes:** 7:00 a.m. – 3:30 p.m. Central Standard Time at the Lynnville Training Site
Mobile Crane Prep Friday & Saturday, November 4th & 5th
Overhead Crane Prep Monday, November 7th
Load Chart Review Friday, November 11th
- **Written Test:** Saturday, **November 12, 2022** at 8:00 a. m. CST – Site will be open at 7:00 a. m. CST
- **All applications must include payment ***credit card only***.**

Application deadline is Tuesday, October 25, 2022

E-mail completed application packets to: margaret.patterson@iuoe181.org

DO NOT mail your application! The training site is not responsible for applications lost by USPS.

Please call the Lynnville Training Site at 812-922-5541 if you have any questions.

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 <small>(as shown on driver's license)</small>	FIRST* <small>Middle</small>	LAST* <small>Suffix (Jr., Sr., III)</small>		
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

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	

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	

WRITTEN EXAM FEES

MOBILE CRANE OPERATOR EXAMS	
<input type="radio"/> Core Exam	\$120
<i>Required for mobile crane certification and recertification</i>	
MOBILE CRANE SPECIALTY EXAMS	
<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
OTHER FEES	
<input type="radio"/> Candidate Late Fee (if applicable)	\$50
<input type="radio"/> Incomplete Application Fee (if applicable)	\$30
TOTAL AMOUNT DUE	\$ <input style="width: 100px;" type="text"/>

Candidates certifying for the first time or adding specialties are required to take the corresponding practical exam. Fees for practical exams are separate and will be collected at the time of the practical exam.

Recertification candidates are not required to take practical exams for designations already held UNLESS they cannot attest to at least 1,000 hours of crane-related experience during the current certification period. See OPERATOR EXPERIENCE REQUIREMENT on next page.

CANDIDATE APPLICATION (CONT'D)

WRITTEN EXAMINATION—MOBILE, TOWER, & OVERHEAD CRANE OPERATOR

ATTESTATION STATEMENT

I declare that the information contained in this application, as well as the information in any required accompanying documentation, is true and correct. I understand and agree that my failure to provide accurate and complete information or abide by CCO's policies and procedures may constitute grounds for the rejection of this application, or other sanctions. I understand that CCO reserves the right to verify any information in this application or in connection with the applicant's certification. I expressly consent to CCO's release of any information consistent with CCO's Information Release Policy, and I expressly consent to CCO's Privacy Policy as set forth on the CCO website, as well as CCO's Financial Terms and Conditions and the Trademark Usage Policy. If submitting this application on the applicant's behalf, I confirm that I have been authorized by the applicant to submit this application. rev 0621

CANDIDATE SIGNATURE*

DATE*

OPERATOR EXPERIENCE REQUIREMENT

*****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 CCO 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:

Email: margaret.patterson@iuoe181.org

Print Name: _____

Please check all that apply

I will attend the CCO Prep Sessions / Written Exam

- Mobile Crane Prep Friday, November 4th (Standards / Core Exam Questions)
- Mobile Crane Prep Saturday, November 5th (Load Chart Instruction)
- Overhead Review Monday, November 7th
- Load Chart Review Friday, November 11th
- Written Exam Saturday, November 12th

I do not live 100 miles (one way) from the training site and 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 and will need a motel room

For the 2-Day Prep Session (week before the test):

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): _____

**Notes: Only Local 181 members are eligible for motel rooms paid for by the training fund
Reservations must be made by Training Site Personnel**

All Reservations will be made at the Comfort Inn in Ferdinand IN for eligible members
All Rooms at the Comfort Inn are non-smoking

PLEASE NOTIFY THE TRAINING SITE OF ANY CHANGES TO YOUR RESERVATIONS

PLEASE NOTE THAT THE TRAINING PROGRAM "REIMBURSEMENT POLICY" HAS BEEN AMENDED AS FOLLOWS: If the member has asked for a 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.



Operating Engineers Local 181
Apprenticeship and Training Program

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.¹ 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: _____

¹ 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.