

ATTENTION OPERATING ENGINEERS

NCCCO Written Exam Scheduled
For First Time Testers and Recertifications

Saturday, November 20, 2021

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



Prep Sessions will be held at the Lynnville Training Site:
Mobile Prep - Friday & Saturday, November 12th & 13th
Load Chart Review – Friday, May 19th
Application deadline is **Tuesday, November 2, 2021**

Class size is limited

Call 812-922-5541 for an Application Packet or
Download from our website www.iuoelocal181.org
Testing for IUOE members 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

Mail Completed WRITTEN TEST Applications to:

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

Email: margaret.patterson@iuoe181.org

- **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, November 2, 2021**
- **Prep Classes – Lynnville Training Site:**
Friday and Saturday, November 12th & 13th, 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)**

Load Chart Review – Friday, November 19th
- **Written Test – Lynnville Training Site**
Saturday, November 20th, 2021 – 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.

Please return applications with requested documents by November 2, 2021 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
- Completed and **Signed** Experience Form
- Load Charts Selected
- Payment – Credit Card ONLY**
*****No Cash, Check or Money Order Accepted*****
- Signed** Hold Harmless Agreement
- Completed Prep Session & Motel Reservation Questionnaire
- 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
- Load Charts Selected
- Color Passport Photo – **full face, no sunglasses, no hat (a photo will be taken at the prep)**
- A digital photo may be emailed to margaret.patterson@iuoe181.org
- Copy of current NCCCO Certification Card
- Payment Credit Card ONLY**
*****No Cash, Check or Money Order Accepted*****
- Signed** Hold Harmless Agreement
- Completed Prep Session & Motel Reservation Questionnaire
- 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)

PRINT NAME: _____

Please Check All That Apply

- I will attend the NCCCO Prep Sessions/Written Exam
 - Friday, November 12th**
 - Saturday, November 13th**
 - Load Chart Review, November 19th**
 - Written Exam, November 20th**
- 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 (November 12th & 13th):

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): _____

****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 November 20, 2021.

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.

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.



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*		CANDIDATE ID: (if previously tested)	
PERSONAL MAILING ADDRESS*			CITY*	STATE*	ZIP* COUNTRY USA
HOME PHONE	CELL PHONE*		CANDIDATE EMAIL* (PERSONAL EMAIL UNIQUE TO CANDIDATE)		
COMPANY/ORGANIZATION IUOE Local 181				PHONE 270 826 2704	
COMPANY MAILING ADDRESS PO Box 34			CITY Henderson	STATE KY	ZIP 42419 COUNTRY USA
<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 www.nccco.org/accommodations .)					

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 (LBC)	652620	<input type="checkbox"/> Terex/American
	652607	<input type="checkbox"/> Manitowoc
<input type="radio"/> Lattice Boom Truck (LBT)	652609	<input type="checkbox"/> Link-Belt
	652610	<input type="checkbox"/> Manitowoc
<input type="radio"/> Telescopic Boom—Swing Cab (TLL)	652612	<input type="checkbox"/> Grove (Truck Mount)
	652613	<input type="checkbox"/> Link-Belt (Rough Terrain)
	652618	<input type="checkbox"/> National (Boom Truck)
<input type="radio"/> Telescopic Boom—Fixed Cab (TSS)	652616	<input type="checkbox"/> Manitex (Boom Truck)
	652660	<input type="checkbox"/> Shuttlelift (Carry Deck)
<input type="radio"/> Boom Truck—Fixed Cab (BTF)	652671	<input type="checkbox"/> Manitex (Boom Truck)
<input type="radio"/> Tower Crane	654601	
<input type="radio"/> Overhead Crane	653601	

WRITTEN EXAM/RETEST FEES

MOBILE CRANE OPERATOR EXAMS	
<input type="radio"/> Core Exam	\$160
<input type="radio"/> Core Exam plus one Specialty Exam	\$180
<input type="radio"/> Core Exam plus two Specialty Exams.....	\$200
<input type="radio"/> Core Exam plus three Specialty Exams.....	\$220
<input type="radio"/> Core Exam plus four Specialty Exams.....	\$240
<input type="radio"/> One Specialty Exam	\$75
<input type="radio"/> Two Specialty Exams.....	\$95
<input type="radio"/> Three Specialty Exams.....	\$115
<input type="radio"/> Four Specialty Exams.....	\$135
TOWER CRANE OPERATOR EXAM	
<input type="radio"/> Tower Crane Operator Written Exam	\$180
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"/>

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 NAME* James Welp	
TEST SITE ADDRESS 722 East SR 68			
CITY Lynnville	STATE IN	ZIP 47619	COUNTRY USA
TEST ADMINISTRATION NUMBER*		TEST DATE* November 20, 2021	

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.

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CANDIDATE SIGNATURE*	DATE*
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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



Recertification 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*	Middle	LAST*	Suffix (Jr., Sr., III)
CCO CERTIFICATION NUMBER*	DATE OF BIRTH*	CANDIDATE ID: <small>(if previously tested)</small>			
PERSONAL MAILING ADDRESS*		CITY*	STATE*	ZIP*	COUNTRY USA
HOME PHONE	CELL PHONE*	CANDIDATE EMAIL* (PERSONAL EMAIL UNIQUE TO CANDIDATE)			
COMPANY/ORGANIZATION IUOE Local 181			PHONE 270 826 2704		
COMPANY MAILING ADDRESS PO Box 34		CITY Henderson	STATE KY	ZIP 42419	COUNTRY USA
<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 www.nccco.org/accommodations.)</i>					

WRITTEN EXAMINATIONS FOR WHICH YOU ARE APPLYING

This application is for recertification only. You may ONLY recertify for the designation(s) 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="checkbox"/> Core Exam 652605	(Check one for each Specialty Exam)
<input type="checkbox"/> Lattice Boom Crawler (LBC) 652625	<input type="checkbox"/> Terex/American
	<input type="checkbox"/> Manitowoc
<input type="checkbox"/> Lattice Boom Truck (LBT) 652611	<input type="checkbox"/> Link-Belt
	<input type="checkbox"/> Manitowoc
<input type="checkbox"/> Telescopic Boom—Swing Cab (TLL) 652614	<input type="checkbox"/> Grove (Truck Mount)
	<input type="checkbox"/> Link-Belt (Rough Terrain)
	<input type="checkbox"/> National (Boom Truck)
<input type="checkbox"/> Telescopic Boom—Fixed Cab (TSS) 652656	<input type="checkbox"/> Manitex (Boom Truck)
	<input type="checkbox"/> Shuttlelift (Carry Deck)
<input type="checkbox"/> Tower Crane 654602	
<input type="checkbox"/> Overhead Crane 653602	

ADDITIONAL EXAMINATIONS	LOAD CHARTS
	(Check one for each Specialty Exam)
<input type="checkbox"/> Lattice Boom Crawler (LBC) 652620	<input type="checkbox"/> Terex/American
	<input type="checkbox"/> Manitowoc
<input type="checkbox"/> Lattice Boom Truck (LBT) 652609	<input type="checkbox"/> Link-Belt
	<input type="checkbox"/> Manitowoc
<input type="checkbox"/> Telescopic Boom—Swing Cab (TLL) 652612	<input type="checkbox"/> Grove (Truck Mount)
	<input type="checkbox"/> Link-Belt (Rough Terrain)
	<input type="checkbox"/> National (Boom Truck)
<input type="checkbox"/> Telescopic Boom—Fixed Cab (TSS) 652616	<input type="checkbox"/> Manitex (Boom Truck)
	<input type="checkbox"/> Shuttlelift (Carry Deck)
<input type="checkbox"/> Boom Truck—Fixed Cab (BTF) 652671	<input type="checkbox"/> Manitex (Boom Truck)
<input type="checkbox"/> Tower Crane 654601	
<input type="checkbox"/> Overhead Crane 653601	

RECERTIFICATION EXAM FEES/RETEST FEES

MOBILE CRANE OPERATOR EXAMS	
<input type="checkbox"/> Core Exam	\$160
<input type="checkbox"/> Core Exam plus one Specialty Exam	\$180
<input type="checkbox"/> Core Exam plus two Specialty Exams.....	\$200
<input type="checkbox"/> Core Exam plus three Specialty Exams.....	\$220
<input type="checkbox"/> Core Exam plus four Specialty Exams.....	\$240
<input type="checkbox"/> One Specialty Exam	\$75
<input type="checkbox"/> Two Specialty Exams.....	\$95
<input type="checkbox"/> Three Specialty Exams.....	\$115
<input type="checkbox"/> Four Specialty Exams.....	\$135
TOWER CRANE OPERATOR EXAM	
<input type="checkbox"/> Tower Crane Operator Written Exam	\$180
OVERHEAD CRANE OPERATOR EXAM	
<input type="checkbox"/> Overhead Crane Operator Written Exam	\$180
OTHER FEES	
<input type="checkbox"/> Candidate Late Fee (if applicable).....	\$50
<input type="checkbox"/> 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 NAME* James Welp	
TEST SITE ADDRESS 722 East SR 68			
CITY Lynnville	STATE IN	ZIP 47619	COUNTRY USA
TEST ADMINISTRATION NUMBER* IN60615		TEST DATE* November 20, 2021	

- 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.

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.

rev 0820

CANDIDATE SIGNATURE*	DATE*
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METHOD OF PAYMENT FOR CANDIDATE EXAMINATION FEES

CREDIT CARD NUMBER	EXPIRATION DATE
NAME (Print as it appears on card)	SIGNATURE (on card)
	SECURITY CODE <small>(Three- or four-digit code located on the card.)</small>

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



Change of Address Form

Please use this form to advise of any changes of address. Please mail, fax, or email this completed form to:

NCCCO—Customer Service Department
 2750 Prosperity Ave., Suite 505
 Fairfax, VA 22031-4312

Phone: 703-560-2391 ext. 801
 Email: candidate@nccco.org

Please type or print neatly. All fields marked with an asterisk () must be completed.*

FULL LEGAL NAME <small>(as shown on driver's license)</small>	FIRST*	Middle	LAST*	Suffix (Jr., Sr., III)															
CCO CERTIFICATION NUMBER	DATE OF BIRTH*	CANDIDATE ID	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td> </tr> </table>																

OLD ADDRESS

PERSONAL MAILING ADDRESS*				
CITY*	STATE*	ZIP*	COUNTRY	
HOME PHONE	CELL PHONE*	CANDIDATE EMAIL* (PERSONAL EMAIL UNIQUE TO CANDIDATE)		
COMPANY / ORGANIZATION		COMPANY PHONE		
COMPANY MAILING ADDRESS				
CITY	STATE	ZIP	COUNTRY	

NEW ADDRESS

PERSONAL MAILING ADDRESS*				
CITY*	STATE*	ZIP*	COUNTRY	
HOME PHONE	CELL PHONE*	CANDIDATE EMAIL* (PERSONAL EMAIL UNIQUE TO CANDIDATE)		
COMPANY / ORGANIZATION		COMPANY PHONE		
COMPANY MAILING ADDRESS				
CITY	STATE	ZIP	COUNTRY	

EFFECTIVE DATE OF CHANGE

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