

CANDIDATE APPLICATION

All fields marked with an asterisk (*) must be completed.

Crane U, Inc.
Birmingham, AL
855-927-2638
www.craneu.com



FULL LEGAL NAME		FIRST*	Middle	LAST*	Suffix (Jr., Sr., III)
<small>(as shown on driver's license)</small>					
CCO CERTIFICATION NUMBER (if previously certified)		DATE OF BIRTH*		CANDIDATE ID: (if previously tested)	
PERSONAL MAILING ADDRESS*			CITY*	STATE*	ZIP*
HOME PHONE		CELL PHONE*		CANDIDATE EMAIL* (PERSONAL EMAIL UNIQUE TO CANDIDATE)	
COURSE DATES				T-SHIRT SIZE (sm, md, lg, xl, 2x, 3x)	
COMPANY/ORGANIZATION			PHONE	REFERRED BY	

EXAM(S) FOR WHICH YOU ARE APPLYING

MARK the crane type(s) for which you are applying

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*

- Mobile Core Exam
- Lattice Boom Crawler (LBC)
- Lattice Boom Truck (LBT)
- Telescopic Boom--Swing Cab (TLL)
- Telescopic Boom--Fixed Cab (TSS)
- Tower Crane
- Articulating Boom Crane
- Digger Derrick
- Rigger I
- Signalperson

PRACTICAL EXAMS*

- Lattice Boom Crane
- Telescopic Boom—Swing Cab (TLL)
- Telescopic Boom—Fixed Cab (TSS)
- Tower Crane
- Articulating Boom Crane
- Digger Derrick
- Rigger I
- Signalperson

Applications for paper/pencil written exams are due two weeks before testing date. Late applications will be accepted with \$50 late fee up to 5 business days prior to testing date. I am confirming that the information given in this application is complete to the best of my knowledge. I understand that initial scheduling deposit is non-refundable and will be used as credit toward my total balance. Any changes to exams after registration may result in additional fees owed.

CANDIDATE SIGNATURE*

DATE*

METHOD OF PAYMENT FOR CANDIDATE FEES

- I have a company account with Crane U and will be billed by invoice.
- I would like to set up an account with Crane U to be billed by invoice.
- I am paying by credit card, check or cash.

If paying by credit card, complete the following information:

- Visa Amex MasterCard

- Deposit (\$250)
- Total Fees

Authorization to charge this card in the amount of:
\$ _____

CREDIT CARD NUMBER _____ EXPIRATION DATE _____

NAME (Print as it appears on card) _____ SIGNATURE (on card) _____
SEC CODE _____

Email Receipt to:



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