

Registration and Release Form



Instructions: Type or print legibly. Any inaccuracies on this form may be reflected on credentials. To be entered in NCCER's Registry, you must complete and sign this form. Records containing trainee/participant personal information, including but not limited to score reports, training prescriptions, and transcripts, cannot be distributed until this form has been completed.

* Required fields.

ATS/AAC Name*: Crane Industry Services, LLC / Cranes 101

Name*: _____

Job Title: _____

Address*: _____

City*: _____ State*: _____ Zip*: _____

Phone*: _____ (circle one) Home Number OR Cell Number

Email Address: _____

Birth Date*: _____ Birth City*: _____

*To enter you into the NCCER National Registry, ONE of the following numbers needs to be provided. Once you are entered into the system, you will be given an NCCER Card Number to use in the future. (System Generated Numbers are no longer an option.) Pipeline users MUST use their Social Security Number.

Social Security Number: _____

NCCER Card Number: _____

State DOE Student Number: _____ Which State? _____

If you choose to use the State DOE Student number, this must first be added into the NCCER Registry System as an approved "Alternate I.D. Type." Please work with your sponsor representative to ensure your state I.D. Type has been added into the system.

Optional Information:

Company/School Name: _____

Company/School Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

I hereby authorize NCCER to verify information in my training and/or assessment records, which may include any of the personal information provided on this form. I release and hold harmless NCCER for the disclosure of any such information in connection with this verification process.

Signature*: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(Required if individual is under 18 years of age.)

NOTE: This form must be maintained on file per NCCER Accreditation Guidelines.

Application for Mobile Crane Practical Examination



Submitted by: Crane Industry Services, LLC / Cranes 101

AAC Name _____

_____ Name	_____ Signature	_____ Date
Primary Administrator	Secondary Administrator	

Confidentiality of Information: Information supplied by an individual or employer is for the confidential use of NCCER and will not be disclosed without the written permission of the individual or employer concerned. This application should be submitted to the Administrator of the NCCER Mobile Crane Endorsed AAC. Administrator verifies Application completeness, maintains a copy for the AAC's file, and submits to NCCER within three (3) days.

Personal Data • Please Type or Print Only • Fill in Completely

Name (first, middle, last): _____

N C L E R Number: _____ - _____ - _____

Home Phone: _____ Cell Phone: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Employer Phone: _____ Fax: _____

Check the appropriate crane type for which you are applying. (Check *only one* per application.)

Industrial/All Purpose Rubber Tire Truck Mount Rough Terrain/All Terrain Crawler Mount

By signing this application, I verify that a medical professional has found me physically qualified to operate mobile cranes per ASME B30.5, that I have passed a substance abuse test, and that I will continue to comply with the requirements.

I also acknowledge that I have received a copy of the *Mobile Crane Operator Certification Program Candidate Handbook*. I further agree to the following conditions: a) to comply with the relevant provisions of the certification scheme, b) to make claims regarding certification only with respect to the scope for which certification has been granted, c) not to use the certification in such a manner as to bring the certification body into disrepute, and not to make any statement regarding the certification which the certification body may consider misleading or unauthorized, d) to discontinue the use of all claims to certification that contains any reference to the certification body or certification upon suspension or withdrawal of certification, and to return any certificates issued by the certification body, and e) not to use the certificate in a misleading manner.

In addition, I agree to abide by the conditions of certification and agree to inform the certifier of any changes affecting the status of the certification.

Applicant Signature

Date (must match date of practical)

Email to: pmchale@nrla.org (or) Fax to: 518-880-6381 (or)

Mail to: LBMDf c/o Pamela McHale, 585 N. Greenbus^h Rd, Rensselaer, NY 12144