



# Practical Exam Site Application

All fields **MUST** be completed. Allow at least 2 weeks for exam site to be approved and activated on the CIC system. An application must be completed for **EACH** practical exam site you will administer Practical Exams.

Site Information						
Exam Site Name						
Address						
City			State		Zip	
Site Contact Name			Phone			
Email			Practical Examiner Name			
Company Name (if different)			Number of Candidates to test Annually			
Address (receipt of materials, if different)						
City			State		Zip	
Make this exam site open to candidates outside your company? (List on CIC website) <input type="checkbox"/> Yes <input type="checkbox"/> No		Does the Exam Site meet the size requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No		Day & Times Exams are Offered (Check all that apply) <input type="checkbox"/> Monday From ___:___ To ___:___ <input type="checkbox"/> Tuesday From ___:___ To ___:___ <input type="checkbox"/> Wednesday From ___:___ To ___:___ <input type="checkbox"/> Thursday From ___:___ To ___:___ <input type="checkbox"/> Friday From ___:___ To ___:___ <input type="checkbox"/> Saturday From ___:___ To ___:___ <input type="checkbox"/> Sunday From ___:___ To ___:___		
Exam types you plan to administer (check all that apply)				English	Spanish*	Exam
English	Spanish*	Exam				Articulating Boom Crane
		Telescoping Boom, Under 21 Tons				Service Mechanic Truck
		Telescoping Boom, 21-75 Tons				Master Rigger
		Telescoping Boom, Over 75 Tons				Tower Crane
		Lattice Boom, Carrier				Precast Concrete Delivery Crane
		Lattice Boom, Crawler				
* Spanish exams <b>MUST BE</b> administered by a Spanish-speaking Practical Examiner.						
I have read and understand the Practical Exam Site Requirements					Initial	
I have read and understand the Practical Exam Site Coordinator Responsibilities					Initial	
If unable to meet any Practical Exam Site Requirements, please explain:						
Payment <span style="font-weight: normal;">Please include a check payable to CIC with your application or call CIC to process with a credit card 844-546-3362.</span>						
Required application processing fee (non-refundable)				Check the amount(s) to be paid at this time		
CIC sling required to conduct practical exams*				<input type="checkbox"/> \$195 Annual Fee		
Total				<input type="checkbox"/> \$325 Sling mailed to Site Address listed above.		
*CIC Sling is not required to be purchased at this time, but is required before conducting the first practical exam.				\$___ Amount paid		
Method of Payment: <input type="checkbox"/> Credit card Call 844-546-3362				<input type="checkbox"/> Check Check payable to: Crane Institute of America Certification Mail to: 4011 W. First St., Sanford, FL 32771		



# Practical Exam Site Security Agreement

As a responsible party participating in the administration of practical examinations for Crane Institute of America Certification, LLC. hereinafter called CIC, I, the undersigned, accept responsibility for maintaining the strict confidentiality of all examination-related materials.

1. I accept responsibility for protecting confidential materials and information. I will not discuss any aspect of the examination administration process with anyone except the approved CIC Practical Exam Site Coordinator for our site, CIC Practical Examiners, Proctors, and CIC contact persons.
2. I will not discuss the contents of any examination materials except with the CIC contact person.
3. I will read and follow the exam policies and procedures provided in the CIC Practical Site Coordinator Handbook.
4. I will read the exam site requirements provided in the CIC Practical Exam Site Coordinator Handbook and will ensure those guidelines are followed when preparing the exam site.
5. I agree to be at the exam site during the entire exam administration process or to arrange for a designated individual to admit authorized personnel.
6. I agree not to misrepresent or omit any factual information in documentation provided to CIC or to knowingly allow anyone else to make such misrepresentation or omission.

I am aware that violations of these provisions will result in CIC revoking our status as a CIC Practical Exam Site for CIC Examinations and that I could be liable for civil and/or criminal action. I have read and understand the provisions of this Security Agreement.

My signature below signifies

- 1) That I agree to the terms of this Security Agreement without reservation,
- 2) I have read, understand and will maintain the Practical Exam Site Requirements, and
- 3) I have read, understood, and agree to the Practical Exam Site Coordinator Responsibilities.

Exam Site Coordinator's Name (Print)	Exam Site Coordinator's Signature	Date (mm/dd/yyyy)
Email (required)	Fax	
Business Phone	Secondary Phone	

**Submit the Practical Exam Site Application and Security Agreement to:**

<b>Crane Institute Certification</b>	<b>help@CICert.com</b>
<b>4011 W. First St.</b>	<b>407-878-1342 (fax)</b>
<b>Sanford, FL 32771</b>	