

Request for Examination Accommodation

If you have previously been approved for exam accommodations by the Operator Certification Program, you do not need to submit this form. Instead:

1. Send an email as soon as possible to certadmin@deq.nc.gov informing us about the previous accommodation and we will contact you.
2. Include a note with your exam application informing us you are applying for accommodation.

NC DEQ provides reasonable accommodations to any qualified applicant with a diagnosed physical, mental, or developmental disability. All requests and supporting documentation are kept confidential.

Please complete and submit this request form with any supporting documentation. You will be contacted by staff.

Applicant Information

The information requested below and any supporting documentation regarding your disability and your request for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your express written permission.

Name:

Address:

Phone:

Email:

Accommodations requested for testing. Check all that apply.

Large Print

Audio Exam

Oral Exam

Separate Testing Area

Extended Time

*Accessible Testing Site

*Use of Adaptive Equipment

*Other

(*Explain in Comments on next page.)

Comments:

- I affirm that the information and any attachments are true and correct.
- I understand that fraudulent or falsified information could result in denial of this application and revocation or suspension of my certification.

Signature: _____ Date: _____

Documentation of Disability Related Needs

- Documentation (p. 3) is not required for accessible testing site or large print.
- If you have a learning or other cognitive disability, a psychological disability, attention-deficit/hyperactivity disorder, or other disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, or psychiatrist) to certify that your disabling condition requires the requested testing accommodation.
- If you have existing documentation of receiving the same or similar accommodation in another testing situation, you may submit that documentation instead of having this portion of the form completed.
- Please contact us with any questions.

Professional Recommendation

I have been acquainted with _____ since _____
(Test Applicant) (Date)

in my capacity as a _____
(Professional Title)

The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant’s disability, he/she should be accommodated by providing the following (check all that apply):

- Audio Exam
 - Oral Exam
 - Separate Testing Area
 - Extended Time
 - *Use of Computer or Adaptive Equipment
 - *Other
- (* Please specify below)

Specifications:

Name: _____
Title: _____
Signature: _____
Date: _____
Phone: _____
Email: _____
License # (where applicable) _____