



ADA Accommodation Request

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670 Hawthorne Avenue, SE
Suite 220
Salem, Oregon 97301

tel. 503.362.2666
email: osbeels@osbeels.org
Web: www.oregon.gov/osbeels

American Disabilities Act (ADA) Accommodation Request

The following instructions are provided to assist in completing the ADA Accommodation Request form.

PLEASE READ the applicable Oregon Revised Statutes (ORSs) and the Oregon Administrative Rules (OARs). To locate the ORSs and the OARs, visit our Web site at www.oregon.gov/osbeels. Click on the "Revised Statutes" link for the ORSs. Click on the "Administrative Rules" link for the OARs.

PLEASE NOTE: Requests must be submitted and accompanied by supporting documentation with the application by the dates specified in OAR 820-010-0442. Incomplete requests and requests received after the applicable deadline will not be considered.

It is the applicant's responsibility for reviewing these requirements prior to making application to the Board.

Who Should Fill Out the ADA Accommodation Request Form?

Applicants with a qualifying documented disability that prohibits them from testing under standard conditions. Applicants must notify OSBEELS of an ADA accommodation request each time an application by examination is made to the Board.

See the following OARs for detailed information: OAR 820-010-0215, OAR 820-010-0442, and OAR 820-010-0443.

How Requests are Processed

Requests will be processed according to the date received by the OSBEELS office.

GENERAL INSTRUCTIONS

- Step 1: Complete an application by examination and the ADA Accommodation Request form. Do not forget to sign the forms where indicated.
- Step 2: Contact the professionals who will be preparing your supporting documentation for your request. *The supporting documentation must relate to your test taking ability and include your functional limitations for taking the test due to a disability and explain the need for the requested accommodation.*
- Step 3: Gather completed forms and put together in a single package for mailing.
- Step 4: Send package, including application payment to the Oregon State Board of Examiners for Engineering and Land Surveying (OSBEELS):
OSBEELS
670 Hawthorne Avenue, SE
Suite 220
Salem, OR 97301
- Step 5: If correspondence has not been received from the OSBEELS within 60 days of submittal, please contact us.



Oregon

BOARD OF EXAMINERS
FOR ENGINEERING &
LAND SURVEYING

670 Hawthorne Avenue, SE
Suite 220
Salem, Oregon 97301

tel. 503.362.2666
email: osbeels@osbeels.org
Web: www.oregon.gov/osbeels

Office Use Only - Date Received:

Office Use Only - Date Received:

Office Use Only - ID #

American Disabilities Act (ADA) Accommodation Request

Applicant Contact Information			
First name (personal name)	Middle name or initial	Last name (family name)	
Mailing address (include any apartment number)			Home/Personal phone #
City	State or Province	Zip/Postal code	Home email address

Select examination type (choose only one)	
<input type="checkbox"/> Acoustical	<input type="checkbox"/> California (CA) Geotechnical
<input type="checkbox"/> Certified Water Right	<input type="checkbox"/> Forest
<input type="checkbox"/> Photogrammetry	<input type="checkbox"/> Oregon Specific Land Surveying (4-hour)
<input type="checkbox"/> Washington (WA) Structural III	
Select examination schedule (choose only one)	
<input type="checkbox"/> Spring Examination	<input type="checkbox"/> Fall Examination

Nature of disability for which accommodation is needed
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.....
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What accommodation(s) are you requesting?

Extended time
(specify):

.....
.....
.....

Separate testing area
(specify):

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.....
.....

Other (specify):

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.....

Supporting documentation

I've attached supporting documentation from a licensed physician.

Signature

I hereby certify under penalty of perjury that the information provided on this ADA Accommodation Request form together with supporting documentation is true and correct. I am the applicant named in this ADA Accommodation Request form, I have read the contents thereof and, to the best of my knowledge and belief, the foregoing statements are true and correct in every respect.

Signature

.....
.....

Date (Mo/Day/Yr)

.....
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