



Oregon Department of Environmental Quality
Wastewater System Operator Certification
Request for Disability Accommodation in Testing

APPLICANT INFORMATION

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

Last Name:	First Name:	Last four digits of SSN:	
Mailing Address:	City:	State:	Zip Code:
Home Phone:	Work Phone:	e-mail:	

ACCOMMODATIONS REQUESTED

- Testing Site Accessibility
- Alternative Format Testing Materials: Braille Large Print Audio Tape
- Reader (for visually impaired applicants)
- Scribe/Amanuensis (for learning disabled applicants)
- Sign Language Interpreter
- Extended Testing Time: Time and a half Double Time More than Double Time:
- Separate Testing Area
- Use of computer or other adaptive equipment. Please describe:

- Other:

Some accommodations may require additional documentation or fees.

Comments:

Signature	Date
-----------	------

continued on next page



Oregon Department of Environmental Quality
Wastewater System Operator Certification
Document of Disability Related Needs

If you have a learning disability, a psychological disability, 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 test accommodation.

If you have existing documentation for the same or a similar accommodation request, you can submit that documentation and leave this side of the application blank.

PROFESSIONAL CERTIFICATION

I have known _____ since _____ in my capacity as
Test Applicant Date

Professional Title

I have discussed the nature of this test with the applicant. It is my opinion that because of the applicant's disability, the following accommodation(s) should be allowed/provided:

- Testing Site Accessibility
- Braille Large Print Audio Tape
- Reader
- Scribe/Amanuensis
- Sign Language Interpreter
- Extended Testing Time: Time and a half Double Time More than Double Time: ____
- Separate Testing Area
- Use of computer or other adaptive equipment. Please describe:

Other. Please explain:

Name (Print) _____ Title: _____

Phone Number: _____ License Number: _____

Signature Date

Operator Certification Program
 700 NE Multnomah St, Ste #600
 Portland, OR 97232-4100
 (503) 229-5161
 Fax: (503) 229-6957
 Toll free in Oregon: 1-800-452-4011
 TTY: 1-800-735-2900