## 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.

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Last four digits of SSN:</th>
</tr>
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<table>
<thead>
<tr>
<th>Mailing Address:</th>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
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<tr>
<th>Home Phone:</th>
<th>Work Phone:</th>
<th>e-mail:</th>
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### 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.

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<th>Comments:</th>
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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:

<table>
<thead>
<tr>
<th>Name (Print)</th>
<th>Title:</th>
</tr>
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<tbody>
<tr>
<td>Phone Number:</td>
<td>License Number:</td>
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</tbody>
</table>

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