



Department of Public Safety Standards and Training (DPSST) Request for Accommodation of Disabilities

If you have a disability and are requesting accommodation for all or any portion of a DPSST training course or examination, pursuant to the Americans with Disabilities Act, please complete and return this form, along with the Professional Evaluation and Documentation of Disability Form, to the DPSST.

1. What is the type of disability that limits one or more of your major life activities (physical, mental, learning)?

2. What is the nature and extent of the disability?

3. Describe the accommodation requested.

4. Attach DPSST Form 623-b (Professional Evaluation and Documentation of Disability) and additional verification of your disability from a qualified professional supporting your requested accommodation.

Applicant Name: _____ **Date:** _____

Course/Event Attending: _____

Dates/Times of Course/Event: _____

Employer Name (if applicable): _____

For Criminal Justice:
DPSST
Attn: Standards and Certifications
4190 Aumsville Hwy SE
Salem, Oregon 97317

For Private Security/Investigator/Polygraph:
DPSST
Attn: Private Professional Certification
and Licensing Program
4190 Aumsville Hwy SE
Salem, Oregon 97317