



Request for Disability Accommodation in Testing

Wastewater System Operator Certification

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, SSN:	
Mailing Address:		City:		State:	Zip Code:
Home Phone:		Work Phone:		e-mail:	

ACOMMODATIONS 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



Document of Disability Related Needs

Wastewater System Operator Certification

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
- Alternative Format Testing Materials: 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

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