

**Accommodation Request**  
Michigan Department of Licensing and Regulatory Affairs  
Bureau of Construction Codes  
P.O. Box 30254  
Lansing, MI 48909

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

**To be completed by applicant**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone Number (Include Area Code) \_\_\_\_\_

Accommodations are requested for the \_\_\_\_\_ examination.

I am requesting the following accommodations be provided: (check all that apply)

- Accessible testing site
  
- Braille                       Large Print                       Tape
  
- Reader as accommodation for visual impairment or learning disability
  
- Scribe/amanuensis as accommodation for visual or motor impairment or learning disability
  
- Reader language interpreter
  
- Sign language interpreter
  
- Extend time
  - Time-and a-half                       More than double time (specify) \_\_\_\_\_
  - Double time                                      \_\_\_\_\_
  
- Separate testing area
  
- Use of computer or other adaptive equipment (specify) \_\_\_\_\_  
\_\_\_\_\_
  
- Other (specify) \_\_\_\_\_  
\_\_\_\_\_

**Please document your medical condition or disability to justify this request.** (Attach additional sheets if necessary)  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Some accommodation requests may require additional documentation**  
(see reverse side)

