Certification Exam Accommodation Request

Michigan Department of Licensing and Regulatory Affairs
Bureau of Fire Services
Fire Fighter Training Division
P.O. Box 30700
Lansing, MI 48909
Email: LARA-BFS-SMOKE@MICHIGAN.GOV

To Be Completed By Applicant			
The information or documentation regarding your disability and your need for an accommodation in testing will be considered strictly confidential. This information will not be shared with any outside source without your written consent.			
Name:		**SMOKE PIN:**	
Accommodations are requested for the following examination:			
Exam Date:		**Location:**	
I am requesting the following accommodation be provided: ☐ Reader as an accommodation for a learning disability. ☐ A separate testing area. ***Note:*** The Firefighter I & II exam is not a timed examination			
Other:			

Applicant Signature (below):	**Date:**

Documentation of Disability Related Needs	
Note: *To be completed by an appropriate professional (education professional, doctor, psychologist and/or psychiatrist) certifying your disability requires the requested exam accommodation.*	
I have known _____ since _____ in my capacity as a _____. The applicant has discussed the nature of the test to be administered, it is my opinion that due to this applicant's disability, he/she should be accommodated for those items checked above. **Please attach an explanation of the applicant's disability and related medical facts to support the accommodations requested.**	
Signature:	Date:
Title:	License Number (If applicable):

Please submit the completed form and attached documentation at least 30 days prior to the exam to:

LARA-BFS-SMOKE@michigan.gov