



Reasonable Accommodation Request for Certified Pesticide Applicators

Name:		
Address:		
City:	State:	Zip:
Phone Number:		
Requested Pesticide Certification Category(s):		
What is the impairment that is preventing you from becoming a certified pesticide applicator? (e.g. hearing, speaking, seeing, walking, sitting). Be sure to provide as much detail as possible to ensure the Department has enough information to make a determination.		
What reasonable accommodation are you requesting? (e.g. take an exam at a wheelchair-accessible location, take an exam in a private room, additional time to take an exam)		
Applicant's Signature:	Date:	

Mail this completed form to:

**Michigan Department of Agriculture & Rural Development
Pesticide and Plant Pest Management Division
Attn: Pesticide Section Manager
PO Box 30017
Lansing, MI 48909**