



CITY OF DETROIT
BUILDINGS & SAFETY ENGINEERING & ENVIRONMENTAL DEPT.
ELECTRICAL INSPECTION DIVISION
2 WOODWARD AVE. FOURTH FLOOR, ROOM 408
DETROIT, MI 48226 (313) 628-2661

ACCOMMODATION REQUEST

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: _____

Phone 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

_____ English as a second language (**Please fill out page 1 and 2 ONLY**)
DO NOT CHECK OFF "EXTEND TIME" BELOW

_____ Large Print Test

_____ Reader as accommodation for visual impairment or learning disability

_____ Scribe/Amanuensis as accommodation for visual or motor impairment or learning disability

_____ Extend time: Time-and-a-half

_____ Separate testing area

_____ 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 information. See next page(s).



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ACCOMMODATION REQUEST
ENGLISH AS A SECOND LANGUAGE

For an applicant where English is their second language, he/she may apply for additional time to take an exam. **Please fill out this form in its entirety.**

An original, legible, and notarized letter must be submitted from the applicant, along with pages one and two of the Accommodation Request form, in order for the application to be considered by the Board. The applicant's letter should be presented on appropriate 8 ½ x 11 white writing paper (loose-leaf, colored, blank work invoice form, etc. will not be accepted) attesting to the applicant's impediment. If any of the requirements are not met, the application will not go before the Board, and will be returned back to the applicant for correction(s) and re-submittal.

I have read the above information and agree that all statements herein and any additional documentation attached to this request are true to the best of my knowledge.

Signature: _____

Date: _____

Please be advised: The Board will review your request at the next scheduled Board meeting, and will send its written decision to you via certified mail. The Board may also request you attend a Board Hearing for further determination. The Board of Electrical Examiners meets the third Thursday of each month and convenes at 10:00 a.m. and usually adjourns at approximately 12:00 p.m. You should plan to be in attendance for the entire time as the Board cannot set a specific time to hear your case.

FOR BOARD SECRETARY PURPOSES ONLY-DO NOT WRITE IN THIS SPACE	
____ Approved	____ Denied
Notes: _____	



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ACCOMMODATION REQUEST

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, please have this section completed by an **APPROPRIATE PROFESSIONAL RELATING TO YOUR DISABILITY**(i.e. education professional, personal physician, psychologist, psychiatrist, specialist) to certify that your disabling condition requires the requested test accommodation.

TO BE COMPLETED BY AN APPROPRIATE PROFESSIONAL RELATING TO YOUR DISABILITY.

I have known _____ since _____
(Test Applicant) (Date)

In my capacity as a _____
(Professional Title)

The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, she/he should be accommodated by providing the following: (Check all that apply).

- _____ Large Print Test
- _____ Reader
- _____ Scribe/Amanuensis
- _____ Extend time: Time-and-a-half
- _____ Separate testing area
- _____ Other (specify): _____
- _____
- _____

Please identify the applicant's disability and related medical facts to support the accommodation request. (Attach additional sheets if necessary-**These additional sheets should be presented on the Professional's letterhead.**)

Signature: _____ Date: _____

Title: _____ License No. _____
(If Applicable)