



This form is required to be completed by a school administrator, physician, or facility representative.

Candidate Information

Form with fields: Last, First, Middle, Street Address, City, Zip Code, County, Program of Study

School/Facility Information

Form with fields: School Name, School License Number, Name of Agency/Facility, Contact Name, Contact Number

The following documentation is on file with the school/facility listed above. Check Applicable:

Form with checkboxes for IEP, MFE, 504 Plan, BVR Evaluation, Other

This section must be completed by a physician if you are no longer a student at a school licensed by the Board and require testing accommodations.

Physician Information:

Form with fields: Name of Physician, Contact Number, Name of Office/Facility

Requested Accommodations - Theory examinations are computer based

Form with checkboxes for Extended Time, Sign Language Interpreter, Other Special Accommodations, Reader, and an explanation field

AFFIDAVIT SECTION MUST BE COMPLETED BY A SCHOOL ADMINISTRATOR OR PHYSICIAN

Form with fields: State, County

I swear or affirm that all information contained in this application is true and accurate to the best of my knowledge and belief.

Signature of Person Verifying Above Information (Must be signed in presence of notary)

Subscribed in my presence and sworn to before me this ___ day of ___ Year ___

NOTARY SEAL

(Notary Public - Commission Expiration Date is Required)