Please read the following instructions carefully. If you are an applicant who is seeking special testing arrangements due to a learning disability or any physical, mental or psychological disability, you should complete this form. In addition, YOU MUST SUBMIT SUPPORTING DOCUMENTATION from a physician or other qualified professional, or evidence of prior accommodation from a school or other institution.

PART 1: PERSONAL INFORMATION
Please include your complete name, mailing address and daytime phone number. It is important that we have a phone number so that we may contact you for additional information or to make arrangements.

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<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE INITIAL</th>
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PART 2: TYPE OF EXAMINATION
Please indicate the type of examination for which you are requesting special testing arrangements. **Please note:** If your license type requires both a written and practical examination, you are not required to request special testing arrangements for both.

**Written Examinations**
- Notary Public
- Real Estate Broker
- Real Estate Sales
- Security and Fire Alarm Installer

**Practical Examinations**
- Hearing Aid Dispenser
- Barber

**PART 3: CLASSIFICATION OF THE REQUEST**
Please indicate the nature of the disability for which you are asking for special testing arrangements. If other, please specify. In addition, please indicate if you will need wheelchair access.

- Learning Disability
- Physical Disability
- Psychological Disability
- Hearing Disability
- Mental Disability
- Other: __________
- Wheelchair Access

**Please print or type. Make sure to complete all information.**

**PART 1: PERSONAL INFORMATION**

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**PART 2: TYPE OF EXAMINATION**

**Written Examinations**
- Notary Public
- Real Estate Broker
- Real Estate Sales
- Security and Fire Alarm Installer

**Practical Examinations**
- Hearing Aid Dispenser
- Barber

**PART 3: CLASSIFICATION OF REQUEST (“X” all that apply)**

- Learning Disability
- Physical Disability
- Psychological Disability
- Hearing Disability
- Mental Disability
- Other: __________
- Wheelchair Access
PART 4: ARRANGEMENTS REQUESTED (If requesting extra time, please indicate the percent extra; for example: 25%, 50% or 100%)

________________________________________________________________________

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