



# Division of Licensing Services

New York State  
Department of State  
Division of Licensing Services  
Exam Unit (Special Testing)  
P.O. Box 22001  
Albany, NY 12201-2001  
www.dos.ny.gov

## Special Testing Arrangements Request

If you are an applicant who is seeking special testing arrangements due to a learning, physical, mental or psychological disability, you should complete this form. Once complete, submit this form along with your supporting documentation to the address above or to [dosexams@dos.ny.gov](mailto:dosexams@dos.ny.gov).

### PART 1: PERSONAL INFORMATION

Include your complete name, mailing address and daytime phone number. **Note:** It is important that we have a phone number so that we may contact you for additional information and/or to make examination arrangements.

### PART 2: TYPE OF EXAMINATION

Indicate the type of examination for which you are requesting special testing arrangements. **Note:** If your license type requires both a written and practical examination, you are not required to request special testing arrangements for both.

### PART 3: CLASSIFICATION OF REQUEST

Indicate the nature of the disability for which you are asking for special testing arrangements. If other, please specify.

### PART 4: ARRANGEMENTS REQUESTED

All exams with special testing arrangements will be administered to a reduced group size in a separate, low-distraction area. Written examinations will receive 1 hour of extended time. Practical examinations will receive 30 minutes of extended time. If you require additional accommodations, such as having a reader or scribe, list them here. **Note:** The arrangements/accommodations must be appropriate to the disability.

### PART 5: SUPPORTING DOCUMENTATION

You must submit supporting documentation from a physician or other qualified professional, or evidence of prior accommodations from a school or other institution.

### PART 1: PERSONAL INFORMATION (Print or type)

LAST NAME		FIRST NAME		MIDDLE INITIAL
MAILING ADDRESS (NUMBER AND STREET)			EMAIL ADDRESS	
CITY	STATE	ZIP + 4	DAYTIME TELEPHONE NUMBER ( )	

### PART 2: TYPE OF EXAMINATION ("X" all that apply)

#### Written Examinations

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Notary Public                    | <input type="checkbox"/> Home Inspection        | <input type="checkbox"/> Cosmetology          |
| <input type="checkbox"/> Real Estate Broker               | <input type="checkbox"/> Hearing Aid Dispenser  | <input type="checkbox"/> Esthetics            |
| <input type="checkbox"/> Real Estate Sales                | <input type="checkbox"/> Private Investigator   | <input type="checkbox"/> Nail Specialty       |
| <input type="checkbox"/> Security or Fire Alarm Installer | <input type="checkbox"/> Watch, Guard or Patrol | <input type="checkbox"/> Natural Hair Styling |
|   |   | <input type="checkbox"/> Waxing               |

#### Practical Examinations

- |  |                                      |   |
|--|--------------------------------------|---|
| <input type="checkbox"/> Hearing Aid Dispenser | <input type="checkbox"/> Cosmetology | <input type="checkbox"/> Nail Specialty       |
| <input type="checkbox"/> Barber                | <input type="checkbox"/> Esthetics   | <input type="checkbox"/> Natural Hair Styling |

### PART 3: CLASSIFICATION OF REQUEST ("X" all that apply)

- |  |   |              |
|--|---|--------------|
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Physical Disability      | Other: _____ |
| <input type="checkbox"/> Hearing Disability  | <input type="checkbox"/> Mental Disability        |              |
| <input type="checkbox"/> Wheelchair Access   | <input type="checkbox"/> Psychological Disability |              |

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## PART 4: ARRANGEMENTS REQUESTED (Print or type)

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## PART 5: SUPPORTING DOCUMENTATION (Required)

Please attach and submit your supporting documentation with this completed form.