



Request for Special Examination Accommodations Occupational Licensing and Registration Division

TCEQ provides reasonable examination accommodations to any qualified applicant with a diagnosed physical, mental, or developmental disability.¹ Requests and supporting documentation are confidential.

Submit both pages of this form and any supporting documentation (i.e., documentation of previous accommodation or recent diagnosis of a disability), by one of the methods listed below, at least 30 days prior to the desired test date. TCEQ will respond within 15 business days of receipt of a complete application. Incomplete requests will be returned. If you have any questions about this form, please contact the licensing team at 512-239-6133 or licenses@tceq.texas.gov.

By Mail:

TCEQ - Occupational Licensing MC-178
P.O. Box 13087
Austin, Texas 78711-3087

By Email:

licenses@tceq.texas.gov

NOTE: DO NOT SCHEDULE AN EXAM UNTIL YOUR LICENSE APPLICATION HAS BEEN APPROVED FOR TESTING.

Applicant Information:

Applicant's Name:

Mailing Address:

City:

State:

Zip Code:

Email Address:

Phone:

TCEQ Licensing Exam Type:

Preferred Exam Site:

Requested Accommodations:

Oral Examination
(includes extended time)

Special Seating or Other Physical
Accommodations

Extended Examination Time
(usually time and a half)

Screen Magnifier or Enlarged
Type Examination

Separate Examination Room

Other Special Accommodations
(specify:)

I affirm that the above information and any attachments are true and correct. I understand that fraudulent or falsified information could result in denial of this application pursuant to Texas Administrative Code §30.33 and revocation or suspension of my license pursuant to Texas Water Code §7.303.

Signature

Date

¹ 30 TAC§30.20(i). See the Americans with Disabilities Act of 1990, as amended, for further information.

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Supporting Documentation:

Please include documentation to support your requested accommodations. Supporting documentation may include, but is not limited to:

- (1) Documentation of previous accommodation (e.g., Independent School District testing accommodation record); and/or
- (2) A recent diagnosis of the disability, including prescribed accommodation parameters. The diagnosis must be conducted by a certified specialist, documented health professional, or educational specialist trained in the named disability (e.g., Dyslexia Testing Specialist).

Accommodation previously provided on: (date) _____ by _____ .

Please summarize any attached documentation of previous accommodations:

Certified Professional Accommodation Recommendation:

(to be completed by a certified professional only)

Certified Professional's Name:

Type of Practice/Specialty:

Business Address:

City: _____ State: _____ Zip Code: _____

Phone: _____

Provide a brief description of applicant's diagnosed disability² (i.e., a physical or mental impairment that substantially limits one or more major life activities), and any limitations relevant to taking a written or computer-based examination for an occupational license.

I recommend the following accommodations for the applicant licensing examination:

Signature

Date