



Request for Special Examination Accommodations

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 completed 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 20 days prior to scheduling a licensing examination. TCEQ will respond within 10 days after receipt. Incomplete requests will be returned.

Texas Commission on Environmental Quality	Occupational Licensing Section
P.O. Box 13087	MC 178
Email: licenses@tceq.texas.gov	Austin, TX 78711-3087
	Fax: 512-239-6272

PLEASE DO NOT SCHEDULE AN EXAM UNTIL YOU HAVE RECEIVED APPROVAL OF YOUR ACCOMODATION REQUEST.

APPLICANT INFORMATION

Applicant's Name: _____
Mailing Address: _____
City: _____ State: ____ Zip code: _____
Email Address: _____ Phone: _____

TCEQ LICENSING EXAM TYPE: _____

EXAM SITE PREFERRED: _____

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 accommodation. Supporting documentation may include, but is not be 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 _____

² This information is confidential and will be destroyed after use.