



# 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 (see Title 30, Texas Administrative Code [30 TAC], Subsection 30.20(i), and the Americans with Disabilities Act of 1900, as amended, for further information). Requests and supporting documentation are confidential.

Submit both pages of this form and any supporting documentation (i.e., documentation of previous accommodation or a recent diagnosis of a disability), by one of the following methods, at least 30 days prior to the desired test date. TCEQ will respond within 15 business days of the 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](mailto:licenses@tceq.texas.gov).

### By Mail:

TCEQ - Occupational Licensing MC-178  
P.O. Box 130887  
Austin, TX 78711-3087

### By Email:

[licenses@tceq.texas.gov](mailto:licenses@tceq.texas.gov)  
Subject line: Exam Accommodation Request

**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:

Preferred Exam Site:	
----------------------	--

Requested Accommodations			
	Oral Examination (includes extended time)		Special Seating or Other Physical Accommodations
	Extended Examination Time (usually time and a half)		Examination with Enlarged Type
	Separate Examination Room		Other Special Accommodations (specify:_____)

I affirm that the included information and any attachments are true and correct. I understand that fraudulent or falsified information could result in the denial of this application pursuant to 30 TAC 30.33 and revocation or suspension of my license pursuant to Texas Water Code, Section 7.303.

Signature:	Date:
------------	-------

# Request for Special Examination Accommodations

## Supporting Documentation:

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

- (1) Documentation of previous accommodations (e.g., independent school district testing accommodation record).
- (2) A recent diagnosis of a 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):
Accommodation previously provided by (name):
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 the applicant's diagnosed disability <sup>1</sup> (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:	

<sup>1</sup> This information is confidential and will be destroyed after use.  
TCEQ-20969 (Revised June 2025)