



# **Application for Special Accommodations**

International Association of Plumbing and Mechanical Officials

**To request special accommodation for a disability covered by the Americans with Disabilities Act of 1990 (ADA):**

**1. Read the Documentation Guidelines carefully.**

- Share them with the professional who will be preparing your documentation.

**2. Complete this form in full. Read and sign the Authorization (section F) below.**

**3. Attach the documentation of your disability and your need for accommodation.**

- Be sure your documentation includes the information listed in the Documentation Guidelines.

- Include supporting documentation (i.e., school records, proof of prior testing accommodations, medical records, lab reports, etc.) as necessary to support your request.

**- INCOMPLETE DOCUMENTATION WILL DELAY PROCESSING OF YOUR REQUEST**

**4. Be sure that:**

- All information you submit is typed or printed. Material from evaluators is on official letterhead.
- All documents are in English. You are responsible for providing certified English translations of foreign-language documentation.
- You include documentation of your functional impairment in activities beyond test-taking and training.

**5. Send the completed IAPMO Special Accommodation Request Form and supporting documentation with your Test, Seminar or Code Hearings registration, by the applicable registration deadline to:**

**INTERNATIONAL ASSOCIATION OF  
PLUMBING AND MECHANICAL OFFICIALS (IAPMO)**

9500 Bormet Drive, Suite 201

Mokena, IL 60448

ATTN: Disability Administration – Maria Sol Alba

Fax: 708-479-6139

Note: Applicants for ADA accommodations must comply with the applicable registration deadlines but are encouraged to submit the application and documentation as early as possible.

**Section A. Biographical Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone (Daytime): \_\_\_\_\_ Evening: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Notification:**

I request that IAPMO communicate with me via:  Postal Mail  Email

**Section B. Nature of Disability**

Indicate the nature of your disability, the year it was first professionally diagnosed, and the date of professional's most recent evaluation. (Select all that apply):

- Disability
- Vision  Psychological
- Physical  Hearing
- ADHD  Other (Specify : \_\_\_\_\_)
- Learning

**Section C. Previous Accommodations**

Have you previously received special accommodations?  Yes  No  
If yes, provide detail (event, date, and accommodations received):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you previously received testing or educational accommodations?  Yes  No  
If yes, provide name of school, applicable dates, and accommodations received:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you previously received workplace accommodations?  Yes  No  
If yes, provide name of employer, applicable dates, and accommodations received:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Section D. Requested Accommodations

Please complete as applicable:

### Testing

List each examination for which you are requesting special accommodations?

Name of Exam: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

Name of Exam: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

### Training

For which Seminar are you requesting special accommodations?

Name of Seminar: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

### Code Hearings

For which Code Hearing are you requesting special accommodations?

Name of Code Hearing: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

Select all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Additional Time (Specify amount: _____)     | <input type="checkbox"/> Trackball mouse                  |
| <input type="checkbox"/> Additional/Extended Breaks (Specify: _____) | <input type="checkbox"/> Enlarged font                    |
| <input type="checkbox"/> Reader                                      | <input type="checkbox"/> Other equipment or accommodation |
| <input type="checkbox"/> Sign language interpreter                   | (Please explain: _____)                                   |

## Section E. Personal Statement

Please describe how your disability impacts your daily life. Attach additional pages if necessary.

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## Section F. Authorization

By signing below, I attest that the information I have provided on this application is accurate, true, and correct to the best of my knowledge. I agree to and authorize the release of this information requested to IAPMO for use in determining eligibility for the requested special accommodation. I understand that IAPMO reserves the right to verify any and all information in my application. Therefore, I understand and agree that my failure to provide accurate, true, and correct information shall constitute grounds for rejection of my request for this special accommodation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Your request will be reviewed upon receipt of all relevant materials as described above. You will receive a decision by written notification from IAPMO. For reasons of confidentiality, information regarding the granting or denial of special accommodations will not be released by telephone.*

**If you have any questions, please contact IAPMO Disability Administration at 1-877-427-6601 or email [sol.alba@iapmo.org](mailto:sol.alba@iapmo.org)**