

Qualified Elevator Inspector Training Fund

7154 Columbia Gateway Drive
Columbia, MD 21046
1-888-511-3113



Elevator Inspector Request for Accommodations Form

QEITF will provide reasonable and appropriate accommodations in accordance with the Americans with Disabilities Act (ADA) for individuals with documented disabilities who request and demonstrate the need for accommodation. ADA regulations define a person with a disability as someone with a physical or mental impairment that substantially limits one or more major life activities. QEITF requires documentation to validate the type and severity of a disability to enable accommodations to be specifically matched with the identified functional limitation, in order to provide equal access to exam functions for all examinees. Special accommodations must be requested in advance using the request for accommodations form.

Requests for accommodations will be reviewed by the QEITF Program Administrator to ensure appropriate arrangements for all approved requests.

Section 1: Certification Applicant's Information

First Name: _____ Middle Initial: _____

Last Name: _____

Employer: _____

Job Title: _____

Address/Street: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Home/Cell Phone: _____

Email: _____

I request special accommodations as follows (check all that apply):

Special seating or other physical accommodation

Extended exam time

Separate exam room

Other (please describe): _____

Certification Applicant's Signature: _____ Date: _____

Section 2: Professional Documentation

Professional evaluation must have been made no earlier than 3 years prior to application.

I have evaluated the individual identified above on _____ . I have been informed of the nature of the certification examination to be administered. It is my opinion that because of this candidate's disability, as described below, he/she should receive the special testing accommodations requested above.

Description of disability (please attach any supporting documentation): _____

If extra exam time is recommended, please specify the amount (e.g. 1 extra hour): _____

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Elevator Inspector

Request for Accommodations Form



Professional's First Name:

Professional's Last Name:

Credentials:

Employer:

Job Title:

Address/Street:

City:

State:

Zip:

Phone:

Email:

Signature:

Date:

Approved on 10/1/2013