NEW YORK STATE OF OPPORTUNITY.
Division of Licensing Services

New York State
Department of State
Division of Licensing Services
Exam Unit (Special Testing)
P.O. Box 22001
Albany, NY 12201-2001
www.dos.ny.gov

Special Testing Arrangements Request

If you are an applicant who is seeking special testing arrangements due to a learning, physical, mental or psychological disability, you should complete this form. Once complete, submit this form along with your supporting documentation to the address above or to specialtesting@dos.ny.gov.

PART 1: PERSONAL INFORMATION
Include your complete name, mailing address and daytime phone number. **Note:** It is important that we have a phone number so that we may contact you for additional information and/or to make examination arrangements.

PART 2: TYPE OF EXAMINATION
Indicate the type of examination for which you are requesting special testing arrangements. **Note:** If your license type requires both a written and practical examination, you are not required to request special testing arrangements for both.

PART 3: CLASSIFICATION OF REQUEST
Indicate the nature of the disability for which you are asking for special testing arrangements. If other, please specify.

PART 4: ARRANGEMENTS REQUESTED
All exams with special testing arrangements will be administered to a reduced group size in a separate, low-distraction area. Written examinations will receive 1 hour of extended time. Practical examinations will receive 30 minutes of extended time. If you require additional accommodations, such as having a reader or scribe, list them here. **Note:** The arrangements/accommodations must be appropriate to the disability.

PART 5: SUPPORTING DOCUMENTATION
You must submit supporting documentation from a physician or other qualified professional, or evidence of prior accommodations from a school or other institution.

PART 1: PERSONAL INFORMATION (Print or type)

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

MAILING ADDRESS (NUMBER AND STREET) _____ EMAIL ADDRESS _____

CITY _____ STATE _____ ZIP + 4 _____ DAYTIME TELEPHONE NUMBER ( )

PART 2: TYPE OF EXAMINATION ("X" all that apply)

Written Examinations

- ☐ Notary Public
- ☐ Real Estate Broker
- ☐ Real Estate Sales
- ☐ Security or Fire Alarm Installer
- ☐ Home Inspection
- ☐ Hearing Aid Dispenser
- ☐ Private Investigator
- ☐ Watch, Guard or Patrol
- ☐ Cosmetology
- ☐ Esthetics
- ☐ Nail Specialty
- ☐ Natural Hair Styling
- ☐ Waxing

Practical Examinations

- ☐ Hearing Aid Dispenser
- ☐ Barber
- ☐ Cosmetology
- ☐ Esthetics
- ☐ Nail Specialty
- ☐ Natural Hair Styling

PART 3: CLASSIFICATION OF REQUEST ("X" all that apply)

- ☐ Learning Disability
- ☐ Hearing Disability
- ☐ Wheelchair Access
- ☐ Physical Disability
- ☐ Mental Disability
- ☐ Psychological Disability

Other: _____

PART 4: ARRANGEMENTS REQUESTED (Print or type)

PART 5: SUPPORTING DOCUMENTATION (Required)

Please attach and submit your supporting documentation with this completed form.