

## Candidate Application for Special Testing Accommodations Please fill in all information. Your application will not be considered unless all

Please fill in all information. Your application will not be considered unless all information is completed, signed, and dated. An *email address is requested* in order to send up-to-date information in a timely and effective manner.

Part I. General Informatio	n – Applicant Informa	tion – Comple	ete the follo	wing:	
Your Name:					
Company:					
Address:					
City:	State:	State:		Zip:	
Phone: ( )	Ext:		Fax: ( )		
Email:					
Have you taken a BPI exam before?  If yes, were you previously accommodated?  Yes No  No  Requested exam(s) for accommodation. Only selected exams will be counted toward this application. Subsequent exams will require reapplication.					
BPI Exam	100 Question	50 Que	stion	Field Exam	
Building Analyst					
Envelope					
Heating					
A/C and Heat Pump					
Manufactured Housing					
	75 Question	Field Exam		50 Question Practical	
Multifamily Building Analyst					
Multifamily Building Operator					
	Performance Only				
Infiltration and Duct Leakage					
	Oral & Performance Combined				
Residential Building Envelope Whole House Air Leakage Control Installer					
	100 Question		Field Exam		
Crew Leader					
Energy Auditor					
Retrofit Installer Technician					
Quality Control Inspector					

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Description of Disability					
Date of Diagnosis					
Please list any previous accommodations that you have been given by other institutions. Please include the date and the organization (if applicable).					
Type of Accom	nmodation	Date(s)		Organization	
Requested Accommodation					
Please complete name and phone of Health Care Provider(s) who will sign and approve:					
Health Care Provider Name					
Hea	alth Care Provi	der Name		Phone	
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