

SECTION A: APPLICANT INFORMATION

Applicant Name

Telephone Number

Address (Number and Street, City, State, and Zip Code)

Describe the disability for which you are requesting an accommodation:

SECTION B: REQUESTED ACCOMMODATION

Select the accommodation(s) you are requesting.

Wheelchair access

Large print exam

Written Instruction (For hearing Impairment)

Scribe (For visual or motor impairment)

Other:

SECTION C: PROFESSIONAL VERIFICATION (Not required for requests limited to wheelchair access)

Documentation from a licensed medical or psychological professional verifying your disability is required. The documentation must be on the letterhead of the medical or psychological professional and include:

- The history, nature, and extent of the disability as well as the tests performed to diagnose the disability.
- The effect of the disability on your ability to perform under normal testing conditions.
- Specific special accommodations for the multiple-choice written examination recommended by the medical or psychological professional and how that accommodation relates to your disability.
- Name, title, telephone number, and professional license or certification number of the medical or psychological professional.
- Description of professional training and experience the medical or psychological professional has with this type of disability. They must have appropriate education and experience in evaluating your type of disability and state their qualifications.

I have attached the required verification documentation.

SECTION D: APPLICANT CERTIFICATION

I certify under penalty of perjury of the laws of the State of California that the foregoing statements and those in any required accompanying documents or statements are true. I understand that false information may be cause for denial or loss of license and that the Bureau of Automotive Repair (BAR) may obtain an independent assessment of my disability described on this form by a second professional at BAR's expense.

Signature

Date

**Submit this completed form and documentation to BARLicensing@dca.ca.gov or
mail to BAR Licensing Program, 10949 N. Mather Blvd., Rancho Cordova, CA 95670**