



**CONTRACTORS STATE LICENSE BOARD**

9821 Business Park Drive, Sacramento, California 95827  
Mailing Address: P.O. Box 26000, Sacramento, CA 95826  
800.321.CSLB (2752) | www.cslb.ca.gov | CheckTheLicenseFirst.com

STATE OF CALIFORNIA  
Governor Edmund G. Brown Jr.

## Accommodation Request for Examination

In compliance with Title 2 under the federal Americans with Disabilities Act (ADA), and California Fair Employment and Housing Act (Government Code §12900-12996), the Contractors State License Board (CSLB) provides applicants with disabilities with the reasonable accommodations that they need. It is the applicant's responsibility to notify CSLB of alternative arrangements needed to enable them to take the licensure examinations. CSLB is not required to provide accommodations if we are unaware of the needs of examination candidates. The information requested below and any documentation regarding your disability will be strictly confidential, and

will not be shared with any outside source without your express written permission unless required to be disclosed pursuant to subpoena or under state or federal law.

CSLB administers examinations in Test Centers throughout the state. All locations are wheelchair accessible. Examinations are taken on a touchscreen computer at an individual testing station (desk). Candidates select their answers by touching the screen. If you have any questions or need assistance determining whether you may require accommodations, please call 1-800-321-2752 (CSLB).

1 Personal Information			
FIRST NAME	MIDDLE NAME	LAST NAME	
STREET ADDRESS			
CITY	STATE	ZIP CODE	PHONE NUMBER (     )
DISABILITY			

2 Requirements for Accommodation Requests
<p>If your disability is observable and your request does not involve modifying examination procedures, but concerns wheelchair space or equipment needs, it is not necessary to obtain professional verification; otherwise, you are required to submit documentation from a medical authority or learning institution.</p> <p><b>Verification MUST be submitted to CSLB on the letterhead stationery of the authority or specialist and include the following:</b></p> <ul style="list-style-type: none"> <li>(A) Description of the disability and limitations related to testing</li> <li>(B) Recommended accommodation/modification</li> <li>(C) Name, title and telephone number of the doctor or specialist</li> <li>(D) Signature of the doctor or specialist</li> <li>(E) Professional license or certification number of the doctor or specialist</li> </ul> <p><i>If you have previously been granted special testing accommodations by an organization that required documentation to verify your disability, CSLB may accept a copy of the verification, provided you submit the name, address and telephone number of the medical authority, specialist or learning institution that prepared the documentation.</i></p>

## 2 Requirements for Accommodation Requests *(continued)*

Please check any of the following accommodations that you will require:

<input type="checkbox"/>	Wheelchair access	
<input type="checkbox"/>	A reader (due to visual impairment or a reading disability)	
<input type="checkbox"/>	Deaf/hard of hearing interpreter	
<input type="checkbox"/>	Extended testing time	ADDITIONAL TIME REQUESTED <i>(Regular testing time is 3½ hours per exam)</i>
<input type="checkbox"/>	Other	PLEASE SPECIFY

To make the necessary arrangements to accommodate your needs, all requests and supporting documentation should be submitted to CSLB as soon as possible, so that we can schedule your exam(s).

All requests are considered on an individual basis. Staff may meet to speak with you regarding your reasonable accommodation request; therefore, it is important that you provide a daytime telephone number.

If you have requested verification in writing from your doctor or other authority, but have not yet received it, please send it to CSLB separately at the following address. Be sure to include your application number.

Contractors State License Board  
 Attn: Testing Division  
 P.O. Box 26000  
 Sacramento, CA 95826

## 3 Applicants Providing New Verification

Please check one of the following:

<input type="checkbox"/>	Verification enclosed	You have enclosed verification of your disability from the diagnosing authority. Return this completed form with your application and the verification.	
<input type="checkbox"/>	Verification previously sent	DATE (MONTH, YEAR) / /	If you have supporting documentation on file with CSLB, you may not be required to resubmit verification.

**Return the completed form with your application. You will receive written confirmation once all requirements have been met.**

## 4 Acknowledgement

ALL CANDIDATES PLEASE SIGN BELOW

*I certify under penalty of perjury under the laws of the State of California that the information I have provided is true and correct.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE