



# Request for ADA Testing Accommodation

Crane Institute of America Certification, LLC (CIC) will provide reasonable accommodation to its testing process to individuals requesting such an accommodation in compliance with the Americans with Disabilities Act (ADA). In general, an accommodation will be made in the event that a disability is relieved by an auxiliary aid or a procedural change in the administration of an exam. (CIC will not grant any accommodation that limits its ability to measure the ability of an individual to safely operate a crane as defined by the ASME Regulation for Mobile and Locomotive Cranes, B30.5-2021 or B30.3.)

If you are requesting an accommodation recognized under the ADA and the request has been submitted in a timely and accurate manner, CIC will grant the accommodation at no cost to you. The intent of the ADA is to provide equal access to all individuals to the testing process and to ensure that reasonable accommodations are provided to gain access to the testing process.

Candidate's Name:		
Address:		
City:		State:
		Zip:
Hm Phone:	Cell:	Work:
CIC ID:	Email:	

## Examinations for which you are seeking accommodations (please check all that apply).

Type & Capacity Levels:	Virtual	Practical
1. Telescoping Boom, under 21 Tons		
2. Telescoping Boom, 21-75 Tons		
3. Telescoping Boom, over 75 Tons		
4. Lattice Boom, Crawler/Carrier		
6. Articulating Boom Crane		

Please give the name of the official medical diagnosis for the disability for which you are requesting an accommodation:

\_\_\_\_\_

What year were you first diagnosed? \_\_\_\_\_

When was the last time you received an evaluation for your disability? \_\_\_\_\_

*Please send documentation of the initial diagnosis and most recent evaluation to CIC with this form.*

Please list and describe the specific accommodations you are requesting: \_\_\_\_\_

\_\_\_\_\_

*I attest that the information I have provided above is accurate and true to the best of my knowledge. I authorize Crane Institute Certification to use the information I have provided in order to determine the eligibility of my request only. I understand and authorize Crane Institute Certification to verify the accuracy of the information I have submitted. By signing, I understand that if the information I have provided is discovered to be false or is a misrepresentation of a medical condition, then my request for an accommodation will not be granted.*

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

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