



Request For Certification Exam Accommodation Form

Name of Candidate: _____
Last Name First Name Middle Name

Address of Candidate: _____

Telephone Number (please include area code): _____
(Please list a number you can be reached at during business hours 8am – 4pm)

E-mail Address of Candidate: _____

Level of certification that you are testing for: _____

Test Location: _____ Test Date: _____

I have reviewed the NFPA job performance requirements for the level of certification I am seeking and request the following accommodation(s) during certification testing due to my disability related needs:

Forms must be emailed to jessica.pomainville@vermont.gov or mailed to:

Vermont Fire Academy
93 Davison Drive
Pittsford, VT 05763

This form must be submitted **two weeks** prior to the certification exam date.

Signature of candidate

Date

Printed or type name of the candidate