



**James L. Greeson, Indiana State Fire Marshal**

*Division of Fire and Building Safety / IDHS*

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Indiana Board of Firefighting Personnel Standards and Education  
302 W Washington St. E239, Indianapolis IN 46204

**To be completed by applicant:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Accommodations are requested for the \_\_\_\_\_ written exam \_\_\_\_\_ practical skills exam

I am requesting that the following accommodations be provided:

\_\_\_\_\_ the written exam be read

\_\_\_\_\_ extend the time frame for testing

\_\_\_\_\_ exemption from the practical skill listed \_\_\_\_\_

\_\_\_\_\_ Other, explanation \_\_\_\_\_

The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, he/she should be accommodated by providing the following (check all that apply)

\_\_\_\_\_ oral test

\_\_\_\_\_ extended time for \_\_\_\_\_ written; \_\_\_\_\_ skills test

\_\_\_\_\_ exemption from the practical skills listed

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ License \_\_\_\_\_