



# Candidate Application for Special Testing Accommodations

Please fill in all information. Your application will not be considered unless all information is completed, signed, and dated. An email address is requested in order to send up-to-date information in a timely and effective manner.

Part I. General Information – Applicant Information – Complete the following:		
Your Name:		
Company:		
Address:		
City:	State:	Zip:
Phone: (    )	Ext:	Fax: (    )
Email:		

Have you taken a BPI exam before?                      Yes                       No

If yes, were you previously accommodated?                      Yes                       No

Requested exam(s) for accommodation. Only selected exams will be counted toward this application. Subsequent exams will require reapplication.

BPI Exam	100 Question	50 Question	Field Exam
Building Analyst			
Envelope			
Heating			
A/C and Heat Pump			
Manufactured Housing			
	<b>75 Question</b>	<b>Field Exam</b>	<b>50 Question Practical</b>
Multifamily Building Analyst			
Multifamily Building Operator			
	<b>Performance Only</b>		
Infiltration and Duct Leakage			
	<b>Oral &amp; Performance Combined</b>		
Residential Building Envelope Whole House Air Leakage Control Installer			
	<b>100 Question</b>	<b>Field Exam</b>	
Crew Leader			
Energy Auditor			
Retrofit Installer Technician			
Quality Control Inspector			

**Description of Disability**

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**Date of Diagnosis**

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Please list any previous accommodations that you have been given by other institutions. Please include the date and the organization (if applicable).

Type of Accommodation	Date(s)	Organization

**Requested Accommodation**

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Please complete name and phone of Health Care Provider(s) who will sign and approve:

Health Care Provider Name	Phone

I understand that BPI will use this information obtained to authorize and determine eligibility for a reasonable testing accommodation in regard to this examination by the reason of my disability. I understand that BPI reserves the right to make any additional inquires regarding my disability before making a determination to provide the accommodations I have requested.

I certify that all information in this application and the accompanying documentation is true and correct, and I am authorized to obligate the organization to this agreement. I understand that false information may be cause for denial or revocation of certification.

**Candidate Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please submit this completed form and mail, fax or email using the information, below:

<b>Mail:</b>	Building Performance Institute, Inc. c/o Testing Accommodations 107 Hermes Road, Suite 210 Malta, New York 12020
<b>Fax:</b>	518-899-1622
<b>Email:</b>	<a href="mailto:certification@bpi.org">certification@bpi.org</a>