



To ensure a timely and fair review, please complete all sections of this application. If information is missing, BPI may contact you to request additional details before a determination is made.

Candidate Information

Name: _____ BPI ID: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Employer Information (*If self-employed, this section still needs to be completed)

Business Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Email: _____ Website: _____

Have you taken a BPI exam before? Yes No
If yes, were you previously accommodated? Yes No

Exam(s) you are requesting accommodation for:

(Only exams that are selected below will be considered for accommodation. Subsequent requests will require a separate application.)

BPI Designation	Online Exam	Field Exam
AC & Heat Pump		
Air Leakage Control Installer	N/A	
Building Analyst – Technician	N/A	
Building Analyst – Professional		N/A
Crew Leader		
Energy Auditor		
Healthy Home Evaluator		N/A
Heating		
Infiltration & Duct Leakage	N/A	
Manufactured Housing		
Multifamily Building Analyst*		
Multifamily Building Operator		
Quality Control Inspector		N/A
Retrofit Installer Technician		

*Select the field exam box for the Multifamily Building Analyst multiple choice practical exam.

Description of Disability or Functional Limitation (if applicable):

Date of Diagnosis or Initial Identification (if applicable):

Please list any accommodations previously provided by another organization (e.g., school, employer, testing agency).

Type of Accommodation	Date(s)	Organization

Requested Accommodation for BPI Exams:

Please list the specific testing accommodations you are requesting and why you believe they are needed based on your disability or functional limitation.

Documentation Requirements

To support this request, documentation must:

- Describe the nature of the disability or functional limitation and its impact on test-taking;
- Support the need for the specific requested accommodations;
- Come from a qualified professional or credible source familiar with the candidate’s functional limitations;
- Include relevant recommendations for accommodations, when appropriate.

All documentation—regardless of format—must include the required information described above.

Acceptable formats of supporting documentation include (but are not limited to):

- A letter on official organization letterhead
- Medical or psychological evaluation reports
- Disability services records
- IEPs or 504 plans
- Written determinations from state or federal disability agencies
- Vocational rehabilitation assessments

If Qualified Professional or Credible Source Document is completed in full and includes all required information, it may serve as the supporting documentation. Additional documents are only needed if the information provided in Qualified Professional or Credible Source Document is incomplete.

Candidate Declaration

I certify that all information provided in this application and accompanying documentation is true and correct. I understand that BPI may request additional information to evaluate my request and that false information may result in denial or revocation of certification.

Candidate Name (Printed):

Date:

Candidate Signature:

Submission Instructions

- This Special Testing Accommodations Application
- Qualified Professional or Credible Source Document template to be used by doctors, agencies, or other qualified professionals to verify the disability/limitation)
- Supporting documentation from a qualified professional or credible source. This may consist solely of a fully completed Qualified Professional or Credible Source Document if it includes all required information).

Please submit this request with all supporting documentation required by mail, fax, or email

Mail to:

Building Performance Institute, Inc.
Special Testing Accommodations App
63 Putnam Street, Suite 202 Saratoga
Springs, NY 12866

Fax to:

(518) 899-1622

Email to:

Certification@bpi.org