

Qualified Elevator Inspector Training Fund

8221 Snowden River Pkwy
Columbia, MD 21046
888-511-3113 ext. 5



QEITF
Qualified Elevator Inspector
TRAINING FUND

Elevator Inspector

Request for Accommodations Form

QEITF will provide reasonable and appropriate accommodations in accordance with the Americans with Disabilities Act (ADA) for individuals with documented needs who request and demonstrate the need for accommodation. QEITF may require documentation to validate the type of need in order to provide equal access to exam functions for all examinees. Accommodations must be requested in advance.

Requests for accommodations will be reviewed by the QEITF Program Administrator to ensure appropriate arrangements for all approved requests.

Section 1: Certification Applicant's Information

First Name:

Middle Initial:

Last Name:

Employer:

Job Title:

Address/Street:

City:

State:

Zip:

Work Phone:

Home/Cell Phone:

Email:

I request special accommodations as follows (check all that apply):

Special seating or other physical accommodation

Extended exam time

Separate exam room

Other (please describe):

Certification Applicant's Signature:

Section 2: Professional Documentation (if requesting ADA Accommodations)

I have evaluated the individual identified and it is my opinion they should receive the special testing accommodations requested above.

Description:

If extra exam time is recommended, please specify the amount (e.g. 1 extra hour):

Qualified Elevator Inspector Training Fund Elevator Inspector

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Professional's First Name:

Professional's Last Name:

Credentials:

Employer:

Job Title:

Address/Street:

City:

State:

Zip:

Phone:

Email:

Signature:

Date: