

Request for Accommodation

Crane Institute Certification will provide reasonable accommodation to its testing process to individuals requesting such an accommodation in compliance with the Americans with Disabilities Act (ADA).

In general, an accommodation will be made in the event that a disability is relieved by an auxiliary aid or a procedural change in the administration of an exam.

In the event that an individual is requesting an accommodation that is recognized under the ADA and the request has been submitted in a timely and accurate manner, Crane Institute Certification will grant the accommodation at no cost to the individual requesting the accommodation. The intent of the ADA is to provide equal access to all individuals to the testing process and to ensure that reasonable accommodations are provided to gain access to the process. Crane Institute Certification will not grant any accommodation that limits its ability to measure the ability of an individual to safely operate a crane as defined by the ASME Regulation for Mobile and Locomotive Cranes, B30.5-2004 or perform rigger/signalperson duties as defined in ASME B30.5, B30.2 and B30.3.

Name		
Address		City, State, Zip
Phone (h)	(w)	(c)
Email		
CIC PIN#		

Examinations for which you are seeking accommodations (please check all that apply):

Telescoping Boom

- Telescoping Boom, 20 Tons or less Written Practical
- Telescoping Boom, 21 Tons to 75 Tons Written Practical
- Telescoping Boom Over 75 Tons Written Practical

Lattice Boom

- Crawler Written Practical
- Carrier/Outrigger Written Practical

Rigger/Signalperson

- Basic Rigger/Signalperson Written Practical

Please give the name of the official medical diagnosis for the disability for which you are requesting an accommodation and the year in which it was first diagnosed.

When was the last time you received an evaluation for your disability?

Please send documentation of the initial diagnosis and most recent evaluation to CIC with this form.

Please list and describe the specific accommodations you are requesting:

I attest that the information I have provided above is accurate and true to the best of my knowledge. I authorize Crane Institute Certification to use the information I have provided in order to determine the eligibility of my request only. I understand and authorize Crane Institute Certification to verify the accuracy of the information I have submitted. By signing, I understand that if the information I have provided is discovered to be false or is a misrepresentation of a medical condition, then my request for an accommodation will not be granted.

Signature: _____ Date: _____