



**GEORGIA DEPARTMENT OF NATURAL RESOURCES
RADIOACTIVE MATERIALS PROGRAM**

Rev. 12/2004

4220 International Parkway, Suite 100
Atlanta, Georgia 30354

**APPLICATION FOR INDUSTRIAL RADIOGRAPHY EXAMINATION
REQUEST FOR DISABILITY ACCOMMODATION**

If you have a disability requiring appropriate accommodations in taking the industrial radiography examination, be sure to complete and submit this form along with the application.

1. Do you have any disability-related needs that we should be made aware of in order to provide appropriate accommodations for the examination? If the answer is **YES**, please specify.

Disability: _____

2. Have you had any prior accommodations for your disability in an examination setting? If the answer is **YES**, specify the type of accommodation. Have a professional who is familiar with your disability complete this information if needed.

Disability	Type of Test Accommodation
_____	_____
_____	_____
_____	_____

3. If you have **NOT** had prior accommodation for a test, what do you feel would aid you in taking the examination? If you cannot answer this question by yourself, have a professional who is familiar with your disability and the type of accommodation you need help answer this question. This professional could be a physician, psychologist, rehabilitation counselor, or other professional.

Disability	Type of Test Accommodation
_____	_____
_____	_____
_____	_____

Please sign and date the bottom of this form. Make sure the professional who helps you complete the form also signs and dates this form

Signature (Applicant) _____
Date

Signature (Professional) _____
Date