



### REASONABLE ACCOMMODATION REQUEST

*Candidates requesting reasonable accommodation for the California Supplemental Examination are required to complete this application and submit it to the LATC. Please read the attached instructions for more information.*

LEGAL NAME: \_\_\_\_\_  
(Last) (First) (Middle)

KNOWN BY ANY OTHER NAME: \_\_\_\_\_  
(Include Maiden Name)

ADDRESS: \_\_\_\_\_  
(Number and Street) (City) (State) (Zip Code)

WORK PHONE: (\_\_\_\_) \_\_\_\_\_ HOME PHONE: (\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

*If the requested accommodation involves modifying the examination administration procedures (i.e., additional testing time, a reader, etc.) please obtain professional verification. If the request is limited to wheelchair access professional verification is **not** required.*

My disability is (e.g., hearing impairment, learning disability, etc.), attach additional sheets as needed:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

My disability impairs my ability to accurately exhibit my knowledge and skill on the examination in the following manner, attach additional sheets as needed:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The reasonable accommodation(s) I am requesting is:

- |  |  |
|--|--|
| <input type="checkbox"/> Wheelchair access       | <input type="checkbox"/> Large print materials       |
| <input type="checkbox"/> Extended testing time   | <input type="checkbox"/> Examination Reader          |
| <input type="checkbox"/> Break(s) during testing | <input type="checkbox"/> Other, please specify _____ |
| <input type="checkbox"/> Separate testing area   |  |

*I certify under penalty of perjury under the laws of the State of California that the information contained in this application is true and correct. I give permission for the LATC to contact the professional verifying my disability to discuss the findings of their report, if necessary.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## INSTRUCTIONS AND DISCLOSURES

The following documentation must be received by the LATC prior to the California Supplemental Application being reviewed:

1. Reasonable Accommodation Request – complete with original signature
2. Professional verification of impairment that requires special accommodation. If the request is limited to wheelchair access professional verification is **not** required.

**Collection and Use of Personal Information.** The Landscape Architects Technical Committee of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Sections 5630, 5650, 5651, 5652 and Civil Code Section 1798.17. The Landscape Architects Technical Committee uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses and enforce licensing standards set by law and regulation.

**Mandatory Submission.** Submission of the requested information is mandatory. The Landscape Architects Technical Committee cannot consider your application unless you provide all of the requested information.

**Access to Your Information.** You may review the records maintained by the Landscape Architects Technical Committee that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

**Possible Disclosure of Personal Information.** We make every effort to protect the personal information you provide us. In order to follow up on your complaint, however, we may need to share the information you give us with the business you complained about or with other government agencies. This may include sharing any personal information you gave us.

The information you provide may also be disclosed in the following circumstances:

- In response to a Public Records Act request, as allowed by the Information Practices Act;
- To another government agency as required by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

**Contact Information.** For questions about this notice or access to your records, you may contact the Landscape Architects Technical Committee, 2420 Del Paso Road Suite 105, Sacramento, CA 95834, (916) 575-7230 or email [latc@dca.ca.gov](mailto:latc@dca.ca.gov). For questions about the Department of Consumer Affairs' privacy policy or the Information Practices Act, contact the Office of Privacy Protection, 1625 North Market Blvd, Sacramento, CA 95834, (866) 785-9663, or email [privacy@dca.ca.gov](mailto:privacy@dca.ca.gov).

**Americans with Disabilities Act.** In compliance with the Americans with Disabilities Act, Public Law 101-336, the Landscape Architects Technical Committee provides "reasonable accommodations" for applicants with disabilities that may affect their ability to take required examinations. It is the applicant's responsibility to notify the Landscape Architects Technical Committee of the desired accommodation(s). We are not required to provide accommodations if we are unaware of your needs. The information requested below and any documentation regarding your disability will be considered strictly confidential and will not be shared with any outside source without your express written permission.