

MONTANA CRANE OPERATOR PROGRAM

**301 S Park
PO Box 200513
Helena, Montana 59620-0513
Phone: (406) 444-6880 Fax: (406) 841-2305
E-Mail: DLIBSDHELP@MT.GOV
Website: WWW.CRANEOPERATOR.MT.GOV**

**REQUEST FOR MODIFICATION IN THE ADMINISTRATION OF THE
CRANE OPERATOR EXAMINATION**

The Montana Department of Labor & Industry complies with the American with Disabilities Act of 1990. To ensure equal opportunity for all qualified persons, the Department will make reasonable accommodations for candidates having disabilities that might affect their taking any of the Crane Operator Examinations.

Please provide the following information and return this form to the Department.

1. What is the disability that limits one or more of your major life activities (e.g., walking, hearing, speaking, seeing, reading, or writing)?
2. Will this disability require special accommodations in order for you to take the Examination?
Yes _____ No _____
3. If yes, describe the special accommodations needed. Use a separate sheet of paper if more space is needed.
4. Provide the Department with written documentation from an appropriate health care professional supporting the accommodations you request. The documentation must include a diagnosis of your disability and a specific recommendation and justification for the testing accommodations you require. The Department will not reimburse the applicant any costs incurred in obtaining the required diagnosis and recommendation. However, it will pay for any reasonable accommodations that are provided for you.

If you have any questions, please contact the Department at (406) 444-6880.

Name (Please Print)

Social Security Number

Signature

Date