



ANDREW M. CUOMO Governor

JOHN P. MELVILLE Commissioner

BRYANT D. STEVENS State Fire Administrator

# Application to Request Reasonable Accommodation of a Disability

Application for reasonable accommodations for state fire training may be made using this form and submitted via email to the Division’s Designee for Reasonable Accommodation (DRA), Deputy State Fire Administrator William R. Davis, Jr. at [ofpc.ada@dhses.ny.gov](mailto:ofpc.ada@dhses.ny.gov) or by mail to: 1220 Washington Avenue, Bldg. 7A, Floor 2 • Albany, NY 12226. If the request is made to the instructor, the instructor will forward the request to the DRA. **All confidential information received by OFPC pertaining to your request shall be handled as such. All medical information is confidential and maintained separately from your training records.**

<b>Section A - (To be completed by student and returned via email)</b>			
Student Name		Course Name and Number	
Sponsoring Agency		County	
Phone #	Email Address	Preferred Method of Communication <input type="checkbox"/> Telephone <input type="checkbox"/> Email	

I am requesting the following reasonable accommodation(s):

It is necessary for me to have this accomodation for the following reason(s):

**Required:** Attach documentation to support request. Documentation should indicate an assessment was conducted or diagnosis rendered to support request for reasonable accommodation.

Student Signature	Date
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