



# 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. All confidential information received by the Office of Fire Prevention and Control (OFPC) pertaining to your request shall be handled as such. All medical information is confidential and maintained separately from your training records. All medical information, including Individual Education Plans (IEP) or prescription, should be submitted by the student directly to [ofpc.ada@dhses.ny.gov](mailto:ofpc.ada@dhses.ny.gov).

<b>Section A - (To be completed by student and returned via email)</b>	
Student Name	Course Name and Number
Sponsoring Agency	County
Email Address	

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 (Type or Sign)	Date
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