

This request **MUST** be submitted along with an Exam Application and a letter or supporting documentation from a qualified professional. If your Exam Application and Special Accommodation Request is approved, you will receive written confirmation of your exam time, date and location.

Trade: \_\_\_\_\_ Apprenticeship Registration # 100- \_\_\_\_\_

### Personal Information (please print)

Legal First Name	Middle Initial	Legal Last Name	
Address	City/Town	Postal Code	
Home or Cell Phone	Business Phone	Fax #	E-mail address

### Special Accommodation Required

Please check the box for the type of accommodation you are requesting. Copies of appropriate supporting documentation from a qualified language specialist or medical professional **must** be enclosed with this request. If documentation is not provided your Special Accommodation Request will not be approved. If you are applying to use an interpreter or reader, the Interpreter/Reader Declaration section must be completed.

**English as an Additional Language (EAL) Primary Language:** \_\_\_\_\_

Interpreter     Reader     Time Extension     Language Dictionary  
 Other Adaptive Software/Hardware     Other \_\_\_\_\_

#### Disability

Time Extension - to be determined by a qualified professional, time extension must be stated on supporting documents.  
 Reader  
 Modified Exam Format     Private Sitting     Other Adaptive Software/Hardware     Other \_\_\_\_\_

#### Exam Re-write    yes    no

If you are re-writing the exam and your Special Accommodation Request is the **same**, you are not required to submit another letter or documentation from a qualified professional.

If your Special Accommodation Request is **different** than the previous request, you will need to provide a letter or supporting documentation from a qualified professional.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Personal information is protected by *The Freedom of Information and Protection of Privacy Act* of Manitoba. Use and disclosure of personal information by Apprenticeship Manitoba must be authorized by the applicant or authorized under this Act. If you have any questions about the collection of this information please contact Apprenticeship Manitoba at 204-945-3337 or 1-877-978-7233.

**Brandon**  
9th St.  
R7A 6C2  
204-726-6365  
Fax 204-726-6912

**Thompson**  
118 - 3 Station Rd.  
R8N 0N3  
204-677 -6346  
Fax 204-677-6689

**Winnipeg**  
100 - 111 Lombard Ave.  
R3B 0T4  
204-945-3337  
Fax 204-948-2346

## Interpreter/Reader Declaration

**This section must be completed by an interpreter or reader.**

Note: An interpreter/reader may not assist with the same exam more than once in a ninety (90) day period.

## Interpreter/Reader Personal Information (please print)

Legal First Name	Middle Initial	Legal Last Name	
Address City/Town	Postal Code	E-mail address	Birth Date
Home or Cell Phone	Business Phone	Fax #	

## Interpreter/Reader Employment Information (please print)

Employer's Name	Dates of Employment	Employed as
<b>Previous</b> Employer's Name	Dates of Employment	Employed as

Do you hold any trade or professional certificate?  Yes  No

If yes, provide details \_\_\_\_\_

I will be interpreting/reading the exam in \_\_\_\_\_. I am not, nor have I ever been engaged  
(Language)

in the industry, hobby or reviewed any exam material related to the trade of \_\_\_\_\_

I hereby declare that I will interpret/read to the best of my ability without making any attempt to assist the candidate by supplying trade or calculation information. I will interpret/read the question and the responses only. If there are any questions or concerns, I will refer them to the Apprenticeship representative who will be in attendance. I will produce photo identification prior to the exam sitting. I further certify that all of the above information is true and correct.

I will interpret/read for \_\_\_\_\_ Interpreter/Reader Signature \_\_\_\_\_

<b>OFFICE USE ONLY</b>			
Information and documentation provided	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, comments: _____	
Special Accommodation Application approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, comments: _____	
Received by	Date	Qualifications Assessor	Date