

REASONABLE ACCOMMODATION REQUEST FOR EXAMINATION

RE 413 (Rev. 11/24)

DRE USE ONLY

In compliance with the Americans with Disabilities Act (ADA), Public Law 101-336, the Department of Real Estate (DRE) provides "reasonable accommodations" for examination applicants with disabilities. It is the applicant's responsibility to notify DRE of alternative arrangements needed. DRE will provide reasonable accommodations once your accommodation needs are documented. 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.

If your disability is observable and your request does not involve modifying examination procedures, but is limited to wheelchair space, seating or equipment needs, it is not necessary to obtain professional verification.

If your disability is clearly not observable, you are required to submit documentation from the medical authority or learning institution that rendered a diagnosis. Verification must be submitted to DRE on the letterhead stationery of the medical authority or specialist that includes the following:

- Description of the disability and testing needs
- Recommended accommodation/modification

- DRE RECEIVED DATE _____
- Name, title and telephone number of the medical authority or specialist
 - Original signature of the medical authority or specialist
 - Professional license or certification number of the medical authority or specialist

If you have previously been granted reasonable testing accommodations by an organization that required documentation to verify your disability, DRE may accept a copy of the verification, provided you submit the name, address and telephone number of the medical authority, specialist or learning institution that prepared the documentation. Complete the verification section on the reverse side of the form.

Note: DRE normally conducts examinations in public buildings that are wheelchair accessible. If you have any questions or need assistance determining whether you may require reasonable accommodations, you may contact the Reasonable Accommodations Desk at (916) 576-3373 or (877) 373-4542.

APPLICANT INFORMATION

NAME OF EXAMINEE (LAST)		(FIRST)	(MIDDLE)
RESIDENCE ADDRESS (STREET ADDRESS, CITY, STATE AND ZIP CODE)			
BUSINESS ADDRESS (STREET ADDRESS, CITY, STATE AND ZIP CODE)			
BUSINESS TELEPHONE NO. (INCLUDE AREA CODE)		RESIDENCE TELEPHONE NO. (INCLUDE AREA CODE)	
TYPE OF DISABILITY		IS YOUR DISABILITY OBSERVABLE? YES <input type="checkbox"/> NO <input type="checkbox"/>	
IS YOUR DISABILITY CONSIDERED PERMANENT OR TEMPORARY ?		PERMANENT <input type="checkbox"/>	TEMPORARY <input type="checkbox"/>

ACCOMMODATION(S) REQUESTED

Check any reasonable accommodations you require (requests must concur with documentation submitted):

- | | |
|---|---|
| <input type="checkbox"/> Mobility Access

<input type="checkbox"/> Reader*

<input type="checkbox"/> Writer/Marker (as accommodation for physical disability)*

<input type="checkbox"/> Other: _____ | <input type="checkbox"/> Extended Testing Time Request
<p style="text-align: center;"><i>Standard Testing Times</i></p> * Salesperson Exam: 3 hours
* Broker Exam: 4 hours
Additional Time Requested: _____ |
|---|---|

* An Exam Reader/Writer/Marker may be provided by DRE. To request a Reader/Writer/Marker, an applicant must submit form "Examination Reader and/or Writer/Marker Request and Certification" (RE 407). This form must be completed in full and signed by the exam applicant. The RE 407 must be returned to DRE with the Examination Application and supporting documentation.

VERIFICATION

Check one of the following:

1. Applicants requiring *initial* verification:
- **Prior to submitting your application to DRE**, contact the necessary medical authority, specialist or organization you wish to verify your disability and request that the documentation listed in the "Accommodations Requested" section of this form be sent to you.
 - **Submit the following items to DRE as a package:**
 - 1) One of the following forms:
 - a) Salesperson Examination Application (RE 400A)
Salesperson Examination Change Application (RE 415A)
Salesperson Exam/License Application (RE 435)
 - b) Broker Examination Application (RE 400B)
Broker Examination Change Application (RE 415B)
Broker Exam/License Application (RE 436)
 - c) Professional Responsibility Examination Application (RE 283)
Professional Responsibility Re-Examination Application (RE 284)
 - 2) Appropriate Fee. See form RE 206 for current Exam & Licensing Fees.
 - 3) Reasonable Accommodation Request for Examination (RE 413)
 - 4) Verification of Disability from your medical provider
 - 5) Exam Reader and/or Writer Request and Certification (RE 407) – *if applicable*
 - **Send this package to the following address (do not attempt to schedule a reasonable accommodation examination via our Web site, as eLicensing does not provide such service):**
 Department of Real Estate
 651 Bannon Street, STE 504
 Attn: EADU
 Sacramento, CA 95811

OR

2. Applicants with verification on file *within the past two years*:
- Reasonable Accommodation Request for Examination (RE 413)
 - Attach a copy of the previous verification of your disability. **Please note that if you have a permanent disability with supporting documentation on file with the DRE within the past 2 years, you are not required to resubmit this verification.**
 - Provide the information of the medical authority or specialist who verified your disability:
 Name: _____
 Address: _____
 Telephone No.: _____

All requests are considered on a case by case basis and it may be necessary for DRE to contact you regarding specific arrangements at the daytime phone number below. You will receive written confirmation once all arrangements have been made.

CERTIFICATION

I certify under penalty of perjury under the laws of California that the foregoing is true and correct.

ORIGINAL OR ELECTRONIC* SIGNATURE OF APPLICANT	DATE
* Electronic signature must comply with California Uniform Transactions Act (CA Civ. Code section 1633.1 et.seq.)	
PRINTED NAME OF APPLICANT	DAYTIME PHONE NO. (INCLUDE AREA CODE)

PRIVACY INFORMATION:

Section 1798.17 of the Civil Code requires this notice be provided when collecting personal or confidential information from individuals. Each individual has the right to review personal information maintained by this Agency, unless access is exempted by law.

Department of Real Estate Assistant Commissioner
 651 Bannon Street Licensing & Administration
 Sacramento, CA 95815 Telephone: 877-373-4542

General powers of the Commissioner, Sections 10050, 10071, and 10075 of the Business and Professions Code authorizes the maintenance of this information.

Business and Professions Code Sections 30, 31(e) and 494.5(d) require each real estate licensee to initially provide to the Department of Real Estate his or her social security number which will be furnished to the Franchise Tax Board. The Franchise Tax Board will use your number to establish identification exclusively for tax purposes. These code

sections also require that each application for a new license or renewal provides notification on the application, that the Department of Tax and Fee Administration and the Franchise Tax Board will share taxpayer information with the Department of Real Estate, and that failure to pay tax obligations may result in a suspension or denial of a license. The Board of Equalization and Franchise Tax Board require the Department to collect social security numbers and federal taxpayer identification numbers for the purposes of matching the names of the 500 largest tax delinquencies pursuant to Section 7063 or 19195 of the Revenue and Taxation Code. Your social security