

SPECIAL ACCOMMODATIONS ELIGIBILITY QUESTIONNAIRE

Mortgage Loan Originators, or companies on behalf of their candidates, with disabilities who are requesting accommodations for an NMLS test must complete this form and return it with the **Special Accommodations Verification Form**.

I. CANDIDATE INFORMATION

Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____ Candidate NMLS ID# _____

Telephone Number () _____

Test Title: _____ **Test Length*** _____

Requested Test Date(s): _____

Requested Test Center Location(s) (City, State) _____

Has the candidate received Accommodations from NMLS within the past 5 years? Yes / No

Specific accommodation(s) requested:

Paper & Pencil Exam Extra Time** _____ Minutes

Reader/Writer/Recorder Sign Language Interpreter

Other: Please specify _____

* **The standard testing time for the SAFE Loan Originator Test is as follows:**

- **National Component (150 minutes)**
- **State Component (90 minutes)**

** **If extra time is selected, the specific amount of extra time requested is required.**

NOTE: All forms and supporting documentation may be faxed to NMLS - Accommodations at 301-216-3719 or emailed to NMLS_SARrequest@Statemortgageregistry.com.

Documentation should be sent to the following address:

NMLS - Accommodations
9509 Key West Avenue, 3rd Floor
Rockville, MD 20850