



Please complete all information. Your application will not be considered unless all information is completed, signed, and dated. An email address is required in order to send up-to-date information in a timely and effective manner.

Candidate Information

Name: _____ BPI ID: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Employer Information (*If self-employed, this section still needs to be completed)

Business Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Email: _____ Website: _____

Have you taken a BPI exam before? Yes No

If yes, were you previously accommodated? Yes No

Exam(s) you are requesting accommodation for:

(Only exams that are selected below will be considered for accommodation. Subsequent requests will require a separate application.)

BPI Designation	100 Question Online Exam	50 Question Online Exam	Field Exam
Heating			
AC & Heat Pump			
Manufactured Housing			
	75 Question Online Exam	50 Question Practical Exam	Field Exam
Multifamily Building Analyst			N/A
Multifamily Building Operator		N/A	
	Oral & Field Exam Combined		
Building Analyst – Technician			
Air Leakage Control Installer			
	100 Question Online Exam		Field Exam
Energy Auditor			
Retrofit Installer Technician			
Crew Leader			
	Field Exam		
Infiltration & Duct Leakage			
	50 Question Online Exam		
Building Analyst-Professional			
Healthy Home Evaluator			
Quality Control Inspector			

Will an interpreter be present at the time of the exam(s)? Yes No

Name of Interpreter:

Interpreter must complete the *Interpreter Conflict of Interest and Disclosure Form*, which must be submitted with this application.

I understand that BPI will use this information obtained to authorize and determine eligibility for a reasonable testing accommodation in regard to this examination by the reason of my language barrier. I understand that BPI reserves the right to make any additional inquiries regarding my request before making a determination to provide the accommodation I have requested.

I certify that all information in this application and the accompanying documentation is true and correct. I understand that false information may be cause for denial or revocation of certification.

Candidate Signature: _____ **Date:** _____

Please submit this request with all supporting documentation required by mail, fax, or email

Mail to:

Building Performance Institute, Inc.
Special Testing Accommodations App
63 Putnam Street, Suite 202 Saratoga
Springs, NY 12866

Fax to:

(518) 899-1622

Email to:

Certification@bpi.org



All candidates that request Language Barrier Testing Accommodations must include this document completed, signed and dated by the individual that will be serving as the interpreter.

I, _____ (name of Interpreter), in consideration of my
participation as an Interpreter for _____ (name of candidate)
BPI's Certification exam(s) agree to the following statements:

1. I will keep confidential any and all information, including, but not limited to, examinations, test questions, test question responses and answers, analyses, and other nonpublic records and information that are disclosed to me as a result of my participation as an Interpreter.
2. I will treat all confidential information as BPI's sole property and proprietary information and take all steps necessary to ensure its confidentiality.
3. BPI will own all confidential information, including, but not limited to, test questions, test question responses and answers, related to any BPI certification. I agree that no transfer of any confidential information is granted to or conferred upon me in this agreement, by any disclosure of such confidential information by BPI.
4. Interpreters will only read the questions and answers to the candidate. If the candidate asks any questions, please refer them to the proctor.
5. Candidate(s) that I am assisting during their exam session will be treated in a professional and ethical manner.

Interpreter Name (printed): _____

Interpreter Signature: _____ Date: _____

BPI Test Center where exam(s) are being administered: _____

Candidate Name (printed): _____

Candidate Signature: _____ Date: _____