

Request For Reasonable Accommodation

If you are a qualified applicant seeking a reasonable accommodation under the provisions of the Americans with Disabilities Act, please complete this form and return it to DSBWorldWide, Inc.

Date: _____

Your name: _____

Your Address: _____

Your email: _____

Please identify the impairment(s) that you believe are affecting your ability to take this food safety training course.

Please describe the accommodation(s) you are requesting as well as any alternative.

Explain how the requested accommodation(s) will allow you to take this food safety training course.

Are there any essential functions of the this food safety training course that you will be unable do without the requested accommodation(s)? Please explain.



Signature

Date

Mail to:
DSBWorldWide, Inc. dba FHC
1800 Teague Dr., Ste 301
Sherman, TX 75090



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(903) 813-4188 :: (903) 893-3717

www.DSBWorldWide.com :: www.FoodHandlerClasses.com :: www.EduClasses.org
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