



FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION

MyFWC.com

ADA ACCOMMODATION REQUEST FORM

The Florida Fish and Wildlife Conservation Commission (FWC) is committed to providing equal opportunity and access to all agency programs and activities. FWC will make every effort to satisfy requests made by persons with disabilities, provided the accommodation does not result in a fundamental alteration in the nature of the program or activity, does not create an undue financial or administrative burden, or does not constitute a violation of state or federal law. If you are an individual with a disability who needs an accommodation to participate in a service, program, or activity, you are entitled, at no cost to you, to the provision of certain assistance. Requests for accommodations may be presented on this form, in another written format, or orally. Upon request by a qualified individual with a disability, this document will be made available in an alternate format. If you need assistance in completing this form due to your disability, or to request this document in an alternate format.

For applicant accommodation requests, a “bona-fide” physical or mental skill or ability may be required to satisfactorily perform the duties of the job as described on the official position description and/or class specification. Applicants must be able to perform all essential functions of the position, with or without reasonable accommodation.

In the context of assessing an accommodation request, medical documentation may be needed. Medical documentation is often needed to determine if the applicant has a disability covered by the ADA and is entitled to an accommodation (i.e., has a permanent disability, as distinguished from temporary disability, that substantially limits one or more major life activities, affects the applicant’s ability to access a program or activity) and if so, to help identify an effective accommodation.

Generally, in the context of an accommodation, medical inquiries related to an applicant’s disability and functional limitations are permissible and may include consultations with knowledgeable professional sources, such as doctors, occupational and physical therapists, rehabilitation specialists, and organizations with expertise in adaptations for specific disabilities.

The applicant has the responsibility to ensure that the medical provider follows through on requests for medical information.

Please review the following instructions to identify the person or person(s) to whom you should forward your request. Your request will be reviewed by the appropriate FWC official. You will be notified of the resolution of your request or provided an explanation if the agency is unable to provide an accommodation.

For Job Applicant Accommodation Requests:

Please forward your request to the appropriate recruiting hiring authority. If you do not know the agency hiring authority’s name or address, please contact the FWC Office of Human Resources at (850) 488-6411 or the People First Service Center at 877-562-7287. Requests should be made no later than the first business day after the end of the announcement period.

For Program Accommodation Requests:

Please forward your request to the appropriate division or office Division/Office (D/O) responsible for the program or activity in which you are seeking accommodation. You may contact the FWC Office of Human Resources at (850) 488-6411 for assistance in determining the appropriate D/O to contact.

For FWC Employee Accommodation Requests:

Revised January 2020

Please forward your request to your immediate FWC supervisor. FWC supervisors shall provide acknowledgement of receipt to the employee within three work days. FWC supervisors will review any request for accommodations and make every effort to provide reasonable accommodations within five work days. Accommodations not reasonably satisfied at the supervisor level, shall be forwarded to the Division/Office Director for review for a reasonable accommodation.

Accommodation Request Review:

Requests for accommodation will be reviewed by the appropriate D/O. Every effort will be made to meet the accommodation request(s). Requests not reasonably satisfied at the D/O level or in which the requestor is dissatisfied with the response and chooses to appeal, shall be forwarded to the FWC Office of Human Resources, EEO/AA/ADA Committee for further review. The EEO/AA/ADA Committee will review your request and provide comments to the Agency's Executive Director or designee, to review and render a decision. The Executive Director's decision shall be final. The agency shall make every effort to respond at each step within 45 days of receipt of the request. Additional information is located on the myFWC.com website on the page ADA Accessibility

Please direct questions concerning ADA policies and procedures or the status of an ADA accommodation request requiring ADA Committee review, to the FWC EEO/AA/ADA Program Coordinator, Paul Clemons, at (850) 717-2120 or by email at Paul.Clemons@MyFWC.com.

You may submit the form by email to: Customerservice@myfwc.com or return the form by mail to:

**Florida Fish and Wildlife Conservation Commission
Office of Licensing and Permitting
620 S. Meridian Street
Tallahassee, FL 32399-1600**

Florida Fish and Wildlife Conservation Commission ADA Accommodation Request Form

Please Print:

Name: _____

Date: _____

Mailing Address: _____

Phone Number: _____

Email: _____

Type of Accommodation Requested:	Job Applicant Accommodation	<input type="checkbox"/>
	Program Accommodation	<input type="checkbox"/>
	FWC Employee Accommodation	<input type="checkbox"/>
	Limited Use of ATV Accommodation	<input type="checkbox"/> **

(** If you are seeking use of an ATV and do not qualify for the statewide AMP permit, please complete the **Limited Use of an ATV Application** on pages 4 and 5 below).

Requestors are encouraged to include appropriate medical documentation confirming the need for the accommodation. The FWC may require requestors to provide appropriate medical documentation.

Description of Accommodation Request: Please describe in detail the nature of your request and the accommodation(s) you are requesting. List specific steps you feel the agency may take to make the accommodation.

If you are requesting an accommodation to participate in an agency program or activity, it is important to explain in detail the activities in which you are interested (e.g. hunting, bird watching, etc.) and the geographical locations where you will need the accommodation (i.e. hunting, on Croom WMA, etc.). You must explain why you are unable to currently participate in the program/activity and what accommodations you are requesting to enable you to participate.

In many cases the agency is able to review the requested accommodation with the information provided. If additional information is needed, you will be contacted to discuss the request.

(Use as many pages as necessary to explain)

(Signature of person needing the accommodation)

Date



FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION

LIMITED USE OF AN ALL-TERRAIN VEHICLE (ATV) AS AN ACCOMMODATION APPLICATION

1. Date request submitted: _____/_____/_____
2. Person needing accommodation: _____
3. Contact information for person needing accommodation:
 Street or P.O. Box: _____
 City: _____

 State: _____ ZIP: _____

Telephone Number (include area code): _____
 Email Address: _____

4. Person making request (if other than the person needing accommodation):
 Name/Relationship: _____
 Telephone Number (include area code): _____

5. I have a mobility impairment that limits my ability to walk, without rest or stop, for 200 feet.
 (Please select one of the three following options to establish mobility impairment)

- 1. I have been issued a permanent disabled person parking permit issued by the Florida Highway Safety and Motor Vehicles. My disabled person parking permit and Florida driver license has been submitted to the Fish and Wildlife Conservation Commission (or hereby attached) for the Commission's review.
- 2. I do not have a permanent disabled person parking permit; however, I provide the following physician statement of certification:

**PHYSICIAN/CERTIFYING PRACTITIONER'S STATEMENT OF CERTIFICATION
(See Warning Below)**

This is to certify that _____, born on _____/_____/_____, with the last four digits of Social Security number of _____, in my professional medical opinion, is certified as having any of the following disability(ies) that render him/her unable to walk 200 feet without stopping to rest.

Certification of License No. (Required) _____ of a Physician, Osteopathic or Podiatric Physician, Chiropractor, Optometrist, Advanced Registered Nurse Practitioner under the protocol of a licensed physician or a Physician Assistant licensed under Chapter 458 or 459.			LICENSED IN THE STATE OF	
Print/Type Name of Certifying Authority	Business Address	City	State	ZIP
Certifying Authority Signature		Date Signed	(Area Code) Telephone Number	

- Inability to walk without the use of or assistance from a brace, cane, crutch, prosthetic device, or other assistive device, or without the assistance of another person. *If the assistive device significantly restores the person's ability to walk to the extent that the person can walk without severe limitation, the person is not eligible for the exemption.*

- Restriction by lung disease to the extent that the person's forced (respiratory) expiratory volume for 1 second, when measured by spirometry, is less than 1 liter, or the person's arterial oxygen is less than 60 mm/hg on room air at rest.
- Use of portable oxygen.
- Restriction by cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV, according to standards set by the American Heart Association.
- Severe limitation in the person's ability to walk due to an arthritic, neurological, or orthopedic condition.
- Other condition (please specify).

- 3. Other applicable medical information not previously listed that I wish for the Commission to consider in evaluation this application. Please attach to this application any applicable additional information you wish to provide for consideration.

6. Wildlife Management Area(s) you are requesting ATV access (you may provide up the three locations for consideration):

I certify that the information provided on this application is true and correct to the best of my knowledge. I understand that the Commission may request additional information if it is deemed necessary in making a determination of my accommodation request.

I give the Florida Fish and Wildlife Conservation Commission permission to explore coverage and reasonable accommodations under the Americans with Disabilities Act (ADA). I understand that all information obtained during this process will be maintained and used in accordance with ADA and all legal and regulatory requirements, to include Florida statutes, as they pertain to medical and genetic information confidentiality. Information not protected under applicable federal, state, or local laws may be subject to Florida's Public Records Act.

Applicants Signature

Date

WARNING: Any person who knowingly makes a false or misleading statement in an application or certification under section 837.06, F.S., commits a misdemeanor of the second degree, punishable as provided in section 775.082 or 775.083, F.S.

The Florida Fish and Wildlife Conservation Commission does not allow discrimination on the basis of race, color, sex, religion, national origin, age or disability. If you believe you have been discriminated against in any program, activity or facility of this agency, write to: Florida Fish and Wildlife Conservation Commission, Office of Human Resources, 620 South Meridian Street, Tallahassee, FL 32399-1600; Telephone: 850-488-6411 or write to: Civil Rights Accessibility Coordinator for Public Access, U.S. Fish and Wildlife Service, Wildlife and Sport Fish Restoration Program, 5275 Leesburg Pike, Falls Church, VA 22041, Telephone 703-358-2349 or 703-358-2131.

Return to: (Email) CustomerService@MyFWC.com or (Mail) Florida Fish and Wildlife Conservation Commission, Office of Licensing and Permitting, 620 S. Meridian Street, Tallahassee, FL 32399-1600