



Reader/Translator Request Form

Fall 2010 Testing - *Deadline September 23, 2010*

Form RT-FL10

If you have a reading difficulty that is not related to a disability (as defined by the Americans with Disabilities Act), you may need a reader. If English is your second language, you may need a translator to assist you with the tests. Please note the following conditions:

- **You may register for no more than two (2) regular certification tests per test date if you are using a reader or translator.**
- There is no extra cost for this service, but your request must be received by the deadline above. Late requests will not be accepted.
- You must request to use a reader/translator when you register for the tests; "walk-in" requests at the test center will be rejected.
- You must submit a new request form for the current test administration each time you want to use a Reader/Translator.
- You must find someone to act as a reader or translator yourself; ASE/ACT will not supply a reader/translator for you.
- The reader/translator can have no automotive service experience, must be over 16 years old, can only read for one person each night, and must be approved in advance. Unauthorized or substitute readers or translators will not be allowed.
- You will receive a letter by late October either approving or denying your request. If your request is approved, you should bring the letter with you to the test center, along with your admission ticket. Both the test taker and reader must also bring current government-issued photo ID cards. If you do not receive the confirmation letter, you cannot test with a reader/translator.

A. Information about the Test Taker (please print clearly)

_____ Last Name _____ First Name _____ MI _____
 _____ Street Address _____
 _____ City _____ State/Prov _____ Zip Code/Postal Code _____
 _____ Social Security Number or ASE ID Number _____ Home Telephone (Area Code) & Number _____ Work Telephone (Area Code) & Number _____

Reason assistance is requested (check one box):

Reading difficulty not related to a disability -OR- English as a second language. Language to be used: _____

Test Center Requested

Note: If this test center is unable to provide your accommodations, you will be assigned to an alternate test center. _____ Test Center Number _____ City _____ State _____

Test Taker's Signature _____ **Date** _____

B. Information about the Reader / Translator (please print clearly)

_____ Last Name _____ First Name _____ MI _____
 _____ Street Address _____
 _____ City _____ State / Prov _____ Zip Code / Postal Code _____
 _____ / _____ / 19 _____ Home Telephone (Area Code) & Number _____ Work Telephone (Area Code) & Number _____
 Date of Birth (Month/Day/Year)

Education: _____ Degree or Diploma _____ Field of Study _____

Current Occupation: _____

I certify that I have never had work experience or technical training in the automotive field. I agree that I will not give technical assistance to the test taker during the administration of the tests. I agree to present a current photo ID card at the test center.

Reader/Translator's Signature _____ **Date** _____

- Mail this completed form along with your test registration form and payment in the same envelope to:
ASE, Tyler Building (86), 301 ACT Drive, Iowa City, IA 52245.
- All reader/translator requests must be received at ASE by **Sept. 23, 2010**.
- If you have any questions, call 1-800-388-5584 or email asehelp@act.org.

OFFICE USE ONLY	
Date to TA:	Accoms:
Assign TC:	Notes:
Session: A B C	Logged:
Flagged:	TCMS SA:
Tests Dropped:	Reg Confirm: