

About This Form:

This form is used to request new or increased accommodations for FINRA-administered exams. The form and supporting documentation are required to submit a request.

Accommodations for subsequent exams and retesting: FINRA will reapply previously approved accommodations within 5 business days for new exam enrollments. Therefore, candidates do not need to submit additional forms or documentation unless different or increased accommodations are being requested.

Response Time for Testing Accommodation Requests:

All requests take approximately 10 business days to process. Incomplete or insufficient information and/or documentation **will** result in a delayed response.

How to Complete and Submit Your Testing Accommodations Request:

This form has two sections:

Part One: Pages 1 – 3 should be completed by the candidate.

Part Two: Pages 4 – 5 should be completed by a licensed health care provider or otherwise qualified professional.

Please email the completed form and supporting documentation to TARquest@finra.org. To make alternate arrangements for submission, please contact FINRA Candidate Services at (240) 386-4040.

Part One – Candidate Section:

A. Candidate Information

Name: _____ Exam(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Candidate’s FINRA ID Number (TID#, UID# or CRD#) _____ Last 4 SSN: ____ _

B. Accommodation History with FINRA

Have you previously received accommodation(s) approval from FINRA? **Yes No**

Are you requesting new, additional, expanded or increased accommodations? **Yes No**

If you are requesting new, additional, expanded or increased accommodations, you will need to provide supporting documentation for your request. See the [Exam Candidates Requiring Testing Accommodations](#) page on FINRA.org for more information.

C. Exam Testing Options

How are you planning to test? **Testing Center Online**

Please be advised that some accommodations may only be available at a test center. MSRB exams cannot be taken online.

Candidate Section Continued:

G. Supporting Information and Documentation

You are required to provide supporting information and documentation to establish that you have a disability or a record of a disability. This supporting information and documentation can be from a licensed health care provider or otherwise qualified professional (via the completion of Part 2 of this form or through some other means) and/or consist of educational assessments or psychological reports. **Please note:** A self-assessment or self-reporting is generally insufficient to establish that you have a physical or mental impairment that qualifies as a disability within the meaning of applicable law.

Additionally, you are required to provide supporting information and documentation demonstrating how your disability or record of disability creates limitations for you that affect your ability to complete a FINRA-administered exam. This supporting information consists of the remainder of this form, which must be completed by a licensed health care provider or otherwise qualified professional whose credentials are appropriate to diagnose and evaluate the candidate's disability or record of disability and make recommendations for testing accommodations. The professional must have treated and/or diagnosed the candidate within the last five years and have knowledge of the candidate's current level of function.

H. Candidate Certification

I certify that all the information provided in the Candidate Section on this form is true and correct

Candidate's Signature: _____ Date: _____

Submission Checklist for Candidates:

Before submitting this form, please review the checklist below.

Are you submitting the request **after** opening exam enrollment window(s)?

Are you submitting the request **before** scheduling exam appointment(s)?

Did you complete the entire Candidate Section of the form (pages 1 – 3)?

Have you compiled all required supporting documentation to submit with your accommodations request?

See the [Exam Candidates Requiring Testing Accommodations](#) page for more information.

Part Two – Licensed Provider/Qualified Professional Section:

This section should be completed by a licensed provider or qualified professional who has diagnosed, treated/evaluated, or consulted with the candidate and has knowledge of the candidate's **current** functioning with the disability.

I. Provider/Professional Information

Name: _____ Title: _____
 License Number: _____
 License Granting Authority: _____
 Institution/Practice Name: _____ Phone Number: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____

J. Candidate Treatment/Consultation

Candidate's Name: _____
 Date of your most recent treatment or consultation with the candidate: _____
 Please describe your qualifications/credentials and professional relationship with this candidate that facilitates making testing accommodation recommendations for this candidate:

K. Candidate's Disability Status

Does the candidate have a record of a physical or mental impairment that limits a major life activity?

Yes No Don't Know

Does the candidate have a current physical or mental impairment that limits a major life activity?

Yes No Don't Know

Did you diagnose the candidate with the physical or mental impairment for which the candidate is seeking an accommodation?

Yes No Don't Know

If yes, please identify the date of the diagnosis: _____

Please provide the date you first saw the candidate for the condition for which the candidate is seeking an accommodation: _____

If the candidate's diagnosis was more than 5 years ago, please confirm the diagnosis remains current:

Licensed Provider/Qualified Professional Section Continued:

L. Candidate's Need for the Accommodation(s) and Suggested Accommodation(s)

Identify the aspect(s) of the candidate's functioning that requires testing accommodations:

Explain the effects of the disability on the candidate's functioning under standard testing conditions:

Based on your knowledge of the candidate's disability and current functioning, what accommodation(s) do you suggest for the candidate and why?

M. Provider/Professional Certification

The provider who completed Part 2 of this form must certify below before submitting the request.

I certify that all the information provided in the Provider/Professional Section on this form is true and correct.

Provider's Signature: _____ Date: _____

Submission Checklist for Licensed Provider/Qualified Professional:

The checklist below is intended to assist the provider with ensuring all requirements are accounted for in the accommodations request. For more information, consult the [Exam Candidates Requiring Testing Accommodations](#) page on FINRA's website.

Did you complete the entire Provider/Professional section of the form (pages 4 - 5)?

Did you complete the certification by signing in Section M?

Have you compiled all required supporting documentation to be submitted with this accommodation request?

Exam Lengths

Series	Exam	Minutes
SIE	Securities Industry Essentials	105
3	National Commodity Futures	150
4	Registered Options Principal Exam	195
6	Investment Company Products and Variable Contracts Representative Exam	90
7	General Securities Representative Exam	225
9	General Securities Sales Supervisor - Options	90
10	General Securities Sales Supervisor - General	240
14	Compliance Official Exam	180
22	Direct Participation Programs Representative Exam	90
23	General Securities Principal Exam - Sales Supervisor	150
24	General Securities Principal Exam	225
26	Investment Company and Variable Contracts Products Principal Exam	165
27	Financial and Operations Principal Exam	225
28	Introducing Broker/Dealer Financial and Operations Principal Exam	120
30	NFA Branch Manager Examination	60
31	Futures Managed Funds Examination	60
32	Limited Futures Exam-Regulations	45
34	Retail Off-Exchange Forex Examination	60
39	Direct Participation Programs Principal Exam	135
50	Municipal Advisor Representative Examination	180
51	Municipal Fund Securities Limited Principal	90
52	Municipal Securities Representative	150
53	Municipal Securities Principal	180
54	Municipal Advisor Principal	180
57	Securities Trader Representative Exam	105
63	Uniform Securities Agent State Law Exam	75
65	NASAA-Investment Advisors Law Exam	180
66	NASAA-Uniform Combined State Law Exam	150
79	Investment Banking Representative Exam	150
82	Private Securities Offerings Representative Exam	90
86	Research Analyst Exam - Part I - Analysis	270
87	Research Analyst Exam - Part II - Regulatory	105
99	Operations Professional Exam	90
161	Supervisory Analyst Exam Part 1	90
162	Supervisory Analyst Exam Part 2	120