



Request for Examination Adaptation or Modification

Please complete this form and return to TRAINCAN, Inc. The form may be email scanned to info@traincan.com or faxed to 905-420-4222. Forms will also be accepted by mail to 100-1840 Clements Rd., Pickering, ON, L1W 3Y2 . Please allow 3 weeks in advance of proposed exam date for processing of this form.

Candidate Name or Reference Number

Name of Individual Requesting Adaptation or Modification
on behalf of the Candidate

Organization

Contact Phone Number

Contact email

What adaptation or modification is being requested?

What is the requested date of the examination?: _____

Where will the examination be held?: _____

Who will proctor the examination?: _____

TrainCan, Inc. Use Only

Approved Not Approved Date:

Date Received

Conditions for Approval:

If not approved, provide reasons:
