# [Department or Agency Name] E202.6 Undue Burden Exception Request and Authorization Form (SAMPLE)

## Requestor Information

Name:

Phone Number:

Email Address:

Phone Number:

Agency/component:

Acquisition Reference Number:

## ICT Information and Exception Rationale

Acquisition Reference #:

Brief description of the system or item for which a Undue Burden Exception is requested:

To be considered for an Undue Burden (UB) Exception under [E202.6](https://www.access-board.gov/ict/#E202.6) the following questions must be answered and supporting documentation attached:

|  |  |
| --- | --- |
| [ ] Yes  [ ] No | From market research, was more than one system or item available that meets this business need? (Attach market research documentation) |
| [ ] Yes  [ ] No | Was the selected system or item the most Section 508 compliant from the available choices that meet your business needs? |
| [ ] Yes  [ ] No | Would selecting a more Section 508 compliant system or item impose an undue burden upon the Department or Program, because of operational, budget, technical, or other reasons? (If “Yes” attach Justification) |
| [ ] Yes  [ ] No | Will the information and data be provided to people with disabilities via an alternate means? (If “Yes” attach Alternative Access Plan) |

An authorized UB Exception under [E202.6](https://www.access-board.gov/ict/#E202.6) shall:

1. [E202.6.1 Basis for a Determination of Undue Burden](https://www.access-board.gov/ict/#E202.6.1): Determine whether conformance to requirements would impose significant difficulty or expense considering the entirety of the agency’s resources for which the ICT is to be procured, developed, maintained, or used.
2. [E202.6.2 Required Documentation](https://www.access-board.gov/ict/#E202.6.2): Document in writing, Section 508 conformance documentation (e.g. Test results, Accessibility Conformance Report (ACR), or equivalent market research).
3. [E202.6.3 Alternate Means](https://www.access-board.gov/ict/#E202.6.3): Provide individuals with disabilities access to and use of information and data by an alternative means that meets identified needs.

## Certification and Signature

By signing this form I affirm that the information provided above is accurate and that the system or item described will be used for the purposes identified.

Requestor Signature:

Date:

## To be completed by the Agency Section 508 Program Office

After reviewing this request, it has been determined the system above [ ] meets [ ] does not meet the criteria for an Undue Burden Exception per Section 508 of the Rehabilitation Act of 1973, as amended.

The determination includes the following conditions, limitations, or scope of applicability, as appropriate:

Authorizing Official Name:

Authorizing Official Title:

Authorizing Official Signature:

Date:

Exception ID Number (to be assigned by AO):