# [Department or Agency Name] E202.7 Best Meets 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 #:

Number of users:

Will contractors be the only users (Y/N)?:

Explain the business need for this product, and the basis for determining that the information and communication technology (ICT) to be procured best meets the requirements in the Revised 508 Standards.

## Market Research

### System or item evaluated and to be procured

Vendor Name:

ICT Version:

ICT Model:

Justification for selection of this system or item:

### Second (2nd) equivalent system or item evaluated

**System or item evaluated and to be procured:**

Vendor Name:

ICT Version:

ICT Model:

Justification for selection of this system or item:

### Third (3rd) Second equivalent system or item evaluated

**System or item evaluated and to be procured:**

Vendor Name:

ICT Version:

ICT Model:

Justification for selection of this system or item:

An authorized Best Meets Exception under [E202.7](https://www.access-board.gov/ict/#E202.7) shall:

1. **E202.7.1 Required Documentation:** Document in writing, Section 508 conformance documentation (e.g. Test results, Accessibility Conformance Report (ACR), or equivalent market research).
2. **E202.7.2 Alternate Means:** 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 a Best Meets 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):