



**IMPORTANT:** If you believe you have a special circumstance (e.g., disability, military duty) that prevents you from applying as instructed in the Notice of Examination, you may email us during the application period at [examsmakeups@nyct.com](mailto:examsmakeups@nyct.com) to inquire about any available alternative application options.

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### **(A) RELIGIOUS OBSERVANCE:**

Please be advised that if you are unable to test on **any** of the test dates listed on the Notice of Examination because of religious observance, you must notify us of the potential conflict at least **fifteen (15) days** before the first listed test date. Please do not wait to submit your request until you have been sent an Admission Letter, or your request could be denied due to lateness. A separate request must be submitted for **each** exam, and each request must include:

- your full name and Applicant ID (if known) or the last 4 digits of your Social Security Number (SSN),
- the exam number and title, and
- a signed statement on letterhead from your religious organization certifying that your religious observance prohibits you from taking the test on the scheduled date. Please note that **you** must submit your religious organization's statement with your request; the statement must be dated within the last 12 months; and the statement must be signed by your religious leader or their designee.

**To submit the request and documentation described above, you must email or write to:**

Email: [examsmakeups@nyct.com](mailto:examsmakeups@nyct.com) (Please include your signed statement from your religious leader as an attachment.)

Mail: MTA NYC Transit, (**Insert Exam Title & Number**) – Spec. Circum., 180 Livingston St., Rm 4070, Brooklyn, NY 11201

NOTE: Mail must be postmarked by the deadline, and you are strongly encouraged to purchase tracking when mailing.

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### **(B) DISABILITY:**

If you have a disability which will interfere with your ability to take **any** test in this examination without special accommodation(s) or other assistance, you must submit a written request for specific special accommodation(s) for **each** test no later than **thirty (30) days** before the first test date listed on the Notice of Examination (NOE). Each request must include:

- your full name and Applicant ID (if known) or the last 4 digits of your Social Security Number (SSN),
- the exam number and title,
- the specific nature of your disability and a justification for the special accommodation(s), and
- a statement corroborating your disability by a doctor or agency authorized for this purpose. Please note that MTA New York City Transit may request additional information, including medical documentation evidencing that you have a disability and the need for specific special testing accommodation(s). If you have been approved for special testing accommodations in the past, either while attending school or for employment purposes, feel free to include that supporting documentation, as it may expedite the review process.

If you have a temporary disability, pregnancy-related, or child-birth-related condition which prevents you from taking a test on the date that it is scheduled, which is listed on the Notice of Examination (NOE), you may request a make-up exam by submitting a request no later than **one week following close of the application period**, or, if the temporary disability, pregnancy-related, or child-birth-related condition arises after that date, within **one week following the occurrence**. In addition to the information specified above, the request must include original medical documentation signed by an appropriate, licensed doctor specifying 1) the nature of the condition, 2) the duration of the condition, 3) the functional limitations of the condition, and 4) why the condition prevents you from taking the test as scheduled. Where appropriate and practicable, MTA New York City Transit may provide an alternative form of accommodation, such as an alternative test site.

**IMPORTANT:** Supporting documentation **must** satisfy the criteria above. Documentation satisfying an employer's requirement(s) for a leave of absence may **not** be sufficient.

**To submit the request and documentation described above, you must email or write to:**

Email: [examsmakeups@nyct.com](mailto:examsmakeups@nyct.com) (Please attach documentation signed by your doctor or authorized agency.)

Mail: MTA NYC Transit, (**Insert Exam Title & Number**) – Spec. Circum., 180 Livingston St., Rm 4070, Brooklyn, NY 11201

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**(C) VETERANS' / DISABLED VETERANS' CREDIT (ONLY FOR CIVIL SERVICE EXAMS):**

For Veterans' or Disabled Veterans' Credit, you must meet the following requirements by the date of appointment or promotion:

- a. Be a resident of New York State; **and**
- b. Be a United States citizen or an alien lawfully admitted for permanent residence; **and**
- c. Received an honorable discharge or release under honorable conditions from the Armed Forces of the United States. The "Armed Forces of the United States" means the Army, Navy, Marine Corps, Air Force and Coast Guard, including all components thereof, and the National Guard when in the service of the United States pursuant to call as provided by Law; **and**
- d. Have served on full-time active duty, other than active duty for training, in at least one of the following Time of War periods below:

<u>Armed Forces of the United States during:</u> World War II (Dec 7, 1941 - Dec 31, 1946); <b>or</b> Korean Conflict (Jun 27, 1950 - Jan 31, 1955); <b>or</b> Vietnam Conflict (Feb 28, 1961 - May 7, 1975); <b>or</b> Persian Gulf Conflict (Aug 2, 1990 - to be determined).	<b>O R</b>	<u>You must have received the armed forces expeditionary medal, navy expeditionary medal, or marine corps expeditionary medal for:</u>  Hostilities in Lebanon (Jun 1, 1983 - Dec 1, 1987); <b>or</b> Hostilities in Grenada (Oct 23, 1983 - Nov 21, 1983); <b>or</b> Hostilities in Panama (Dec 20, 1989 - Jan 31, 1990).
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For Disabled Veterans' Credit, in addition to a, b, c, and d, at the time the list is established, you must have been found to have a service connected disability incurred in a Time of War period listed above, which has been rated at least 10 percent by the U.S. Department of Veterans Affairs (V.A.). If the V.A. has not certified the disability as permanent, it must have been rated at least 10 percent by a V.A. physician no more than one year prior to the date of filing your application or the date of establishment of the eligible list. **Veterans' or Disabled Veterans' Credit should be requested at the time of application but MUST be requested before the date the eligible list is established.** Claims for Veterans' or Disabled Veterans' Credit will **not** be processed once the eligible list is established. All claims for Veterans' or Disabled Veterans' Credit will be investigated and you will be required to produce documentation, such as discharge papers, to prove that you are eligible for the credit. **All requests for Veterans' or Disabled Veterans' Credit must include your full name and Applicant ID (if known) or the last 4 digits of your Social Security Number (SSN), and the exam number and title.**

**POINTS:** Disabled veterans are entitled to receive ten additional points in an exam for original appointment or five additional points in a promotion exam. Non-disabled veterans are entitled to receive five additional points in an exam for original appointment or two and one-half additional points in a promotion exam. **Exception:** If you were certified as a disabled veteran after using non-disabled Veterans' Credit, please refer to <https://www.cs.ny.gov/vetcredits/> for additional information.

**Note:**

- 1. You may use Veterans' or Disabled Veterans' Credit only once after January 1, 1951 for appointment or promotion from a City, State, or County civil service list from a jurisdiction within the State of New York. **Note:** See exception above.
- 2. Veterans' or Disabled Veterans' credit will be added only to the final score of those candidates who pass all tests associated with the examination.
- 3. Above is only a summary of necessary conditions; complete provisions are contained in statutory and/or decisional law.

**To submit a request after applying and before the eligible list is established, you must email or write to:**

Email: [examsunit@nyct.com](mailto:examsunit@nyct.com) (You can attach any relevant supporting documentation to your emailed request)

Mail: MTA NYC Transit, (**Insert Exam Title & Number**) – Spec. Circum., 180 Livingston St., Rm 4070, Brooklyn, NY 11201

NOTE: Mail must be postmarked by the deadline, and you are strongly encouraged to purchase tracking when mailing.

**(D) LEGACY CREDIT (ONLY FOR OPEN COMPETITIVE CIVIL SERVICE EXAMS):**

Ten points can be added to the open competitive exam score of a candidate who is the child or sibling of (1) an individual who served the City of New York as a Firefighter, Police Officer, Emergency Medical Technician or Paramedic and was killed in the line of duty; (2) an individual who served the City of New York as a Firefighter or Police Officer and died in the performance of duty as the result of the World Trade Center attack on September 11, 2001 or as the result of participation in the rescue efforts that took place in response to the attack; or (3) an FDNY EMS member in the service of the City of New York who died in the performance of duty as the result of the World Trade Center attack on September 11, 2001 or as the result of participation in the rescue efforts that took place in response to the attack. A candidate can receive Legacy



Credit for no more than one parent or one sibling. A candidate can, however, receive Legacy Credit for both a parent and a sibling, in which case, the candidate may be entitled to 20 points. **Legacy Credit must be requested in accordance with the instructions below before the date the eligible list is established.** Claims for Legacy Credit will **not** be processed once the eligible list is established. All candidates making such claims will be required to present to the hiring agency prior to appointment documentation verifying their claim. All claims for Parent or Sibling Legacy Credit will be investigated. **All Requests for Legacy Credit, whether sent by mail or email, must include your full name and Applicant ID (if known) or the last 4 digits of your Social Security Number (SSN); the exam title and number; and whether the request is for Parent Legacy Credit, Sibling Legacy Credit, or both.**

**Note:**

1. You may use Legacy Credit only once for appointment from a City, State, or County open competitive civil service eligible list from a jurisdiction within the State of New York.
2. Legacy Credit will be added only to the final score of those candidates who pass all parts of the open competitive examination.
3. The above description of Legacy Credit is only a summary of necessary conditions. The complete provisions are contained in the relevant statutory and/or decisional laws governing Parent and Sibling Legacy Credit.

**To submit the request described above, you must email or write to:**

Email: [examsunit@nycct.com](mailto:examsunit@nycct.com) (You can attach any relevant supporting documentation to your emailed request.)

Mail: MTA NYC Transit, **(Insert Exam Title & Number)** – Spec. Circum., 180 Livingston St., Rm 4070, Brooklyn, NY 11201

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**(E) CHANGE OF CONTACT INFORMATION:**

It is critical that you keep your contact information (e.g., email address, mailing address, telephone number) current with MTA New York City Transit. If your contact information is not up to date, you could miss important information about your exam(s) or consideration for appointment, including important information that may require a response by a specified deadline. **Your request must include your full name and Applicant ID (if known) or the last 4 digits of your Social Security Number (SSN), your exam title(s) and number(s), and your previous and new contact information.**

**To update your contact information:**

1. Email us at [examsunit@nycct.com](mailto:examsunit@nycct.com), with the subject named CONTACT INFO UPDATE, or
2. Mail us at MTA NYC Transit, **(Insert Exam Title[s] & Number[s])** – Spec. Circum., 180 Livingston St., Rm 4070, Brooklyn NY, 11201.

**IMPORTANT:**

- If you are an MTA employee, all changes to your contact information must also be made through the MTA Business Service Center (BSC) via the employee portal at <http://www.mymta.info>.
- If you are on an established eligible list for a Civil Service exam (i.e., an exam for NYC Transit or Bridges and Tunnels), you must also keep your contact information current with New York City's Department of Citywide Administrative Services (DCAS). To request a change to your name or SSN, you must complete and submit DCAS' Data Correction Form (<https://www1.nyc.gov/assets/dcas/downloads/pdf/employment/dp148a.pdf>). To request a change to your contact information, you must submit your request to DCAS by mail at 1 Centre Street, 14th Floor, New York, NY 10007, or by email at [ocasys@dcas.nyc.gov](mailto:ocasys@dcas.nyc.gov). Please include your old (i.e., incorrect) and new (i.e., correct) information with your request(s). You may miss a chance for appointment or promotion if DCAS does not have your correct name, SSN, and/or contact information.