

Location Name:\_\_

## **Wheelchair Accessibility Certificate**

OAR 177-040-0070

## PO Box 12649, Salem, Oregon 97309

Lottery Use Only				
Retailer#:				
Product Type:				
RCS:	Date:			

Retailer #\_\_\_

(dba/	ABN/Tr	rade)		
Loca	tion	Address:City	<i>!</i> :	_Zip:
		ame:	Phone:	
Plea Com OR 9	se e iplet 9730		etail Compliance Specialist, PC	) Box 12649, Salem,
Thi	s ev	ITACT YOUR LOCAL BUILDING OR PLANNING DEPARTMENT aluation should be done only for the PATH OF TRAVEL from lk), through the business' public entrance, to the Lottery's g	your customers' arrival point (p	
PA	RKIN	NG		
	1.	If you do not provide parking for customers and/or especifically assigned to your business location by the lease "No Parking Provided" and skip questions 2 through 5.		☐ No Parking Provided
cked.	2.	Do you have the correct number of accessible parking spacindividuals based on the total number of parking spaces? (		□Yes
che				□ No
Skip if No Parking Provided is checked.	3.	Is at least one of the designated spaces a van-accessible sp	ace? (pg. 1, item 6)	☐ Yes
	4.	Is the accessible parking space(s) and adjacent access aisle with the correct signs and surface markings? (pg. 1 item 7		□Yes □No
	5.	Are the accessible parking space(s) and adjacent access resistant? (e.g., pavement, concrete, ext.) (pg. 1, item 10)	parking space(s) and adjacent access aisle(s) stable, firm and slip ement, concrete, ext.) (pg. 1, item 10)	
SID	EW	ALKS		
	6.	Are public sidewalks used as a path of travel to your access	sible entrance?	☐Yes ☐Not Applicable
EX	TERI	OR PATH OF TRAVEL		
	7.	Is there a wheelchair accessible path of travel leading to aritem 11)	n accessible entrance? (pg.1,	□Yes □No
	8.	Is the exterior accessible route(s) stable, firm and slip resis	tant? (pg. 2, item 7)	□Yes
				∐No
	9.	If you have an interior or exterior ramp, does the ramp me landing size (pg. 5, item 8) requirements?	et slope (pg. 5 item 2) and	☐ Yes ☐ No ☐ Not Applicable

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ENTRANCE, INTERIOR P	ATH OF TRAVEL AND ACCESSIBL	LE LOTTERY SERIVCE AREA				
BUILDING ENTRANCE- At least one of the building's public entrances must be wheelchair accessible. The Oregon						
	Lottery requires that if the main entrance is not the wheelchair accessible route, a sign be posted to indicate its					
location. The Lottery als	o requires directional signs insid	de your business that indicate accessible e	xits.			
	one wheelchair accessible public	c entrance to your location?	□Yes			
(pg. 3, item 1)			□No			
INTERIOR PATH OF TRA	VEL - Includes interior doors, ran	nps, slopes and other elements providing	access to all Lottery			
games and services, inc	luding at least one Video Lottery	terminal.				
<b>11.</b> Is there a whee	chair accessible path of travel le	eading to the Lottery service area(s)	□Yes			
and/or at least of	one Video Lottery Terminal? (pg	g. 5, item 13)	□No			
40			<u> </u>			
	or path(s) of travel provide a stab	ole, firm and slip resistant surface? (pg. 5,	□Yes			
item 14)			□No			
		elchair must have access to the Lottery se o reposition or turn their wheelchair arou				
<b>13.</b> Is there adequa	te maneuvering space around al	II Lottery service areas and/or at least one	□Yes			
Video Lottery To	erminal? (pg. 5, item 14)		□No			
ACCESSIBILITY RESOURCE	CE LIST					
YOUR LOCAL BUILDING, PLANNING OR COMMUNITY DEVELOPMENT DEPARTMENTS - Before making any changes t your business, call for specific technical guidance and/or local requirements.						
BUILDING CODES DIVISION OF THE OREGON STATE DEPARTMENT OF CONSUMER AND BUSINESS SERVICE 503-378-4133 - For general guidance and referral to technical resources for building codes and requirements.  OREGON LOTTERY RETAIL COMPLIANCE SPECIALIST: 1-800-766-6789 EXT. 1025 - For assistance in completing this for						
Oregon Lottery games and sapplicants whose locations	are not wheelchair accessible (see	le who use wheelchairs. The Lottery will not a Oregon Administrative Rule 177-040-0070). The and incorporates the major components of	This certification fulfills			
through your building, plan	<del>-</del>	d local codes. We encourage you to investiga departments, or through the Building Codes	-			
with OAR 177-040-0070. I grounds for denial or termi	certify this information as true an nation of a Retail Contract with the	personal knowledge has reported to me, that d correct and understand that providing false Oregon Lottery. I understand that my busine and that my failure to maintain accessibility mand that my failure to maintain accessibility my failure to my failure to maintain accessibility my failure to my fail	e information may be ess must be wheelchair			
Authorized Signature (Sole	Proprietor, Corporate Officer, Mem	ber, Partner, etc.):				
Print Name	Title					
Signature	Date					

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