

Air Force Section 508 Accessibility Template – VPAT Signature Page

Name of Product/Version:	
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IT System Program Manager Certification:	
Name:	
Phone Number:	
Office Symbol:	
Section 508 Compliance included in contract language?	
Signature:	

MAJCOM or HAF/SAF Functional Review:	
Name:	
Phone Number:	
Office Symbol:	
Signature:	

Air Force Section 508 Approving Official:	
Name:	
Phone Number:	
Office Symbol:	
Signature:	

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Undue Burden Request to be approved by the Air Force Section 508 Coordinator only.

Undue Burden Approving Official: I certify, to the best of my knowledge and belief, all of the information on this form is correct. I certify, to the best of my knowledge, that the stated IT system to become Section 508 complaint would cause Undue Burden. Exemption is not to exceed 1 year.	
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Estimated Cost:	
Name:	
Phone Number:	
Office Symbol:	
Signature:	
Exemption Expiration Date:	