# DSA 600-A

Candidate Eligibility Application (11/20/20 ~~11/01/15)~~

OPTIONS TO APPLY

~~NOTE:~~ This is not an examination registration. This is a candidate eligibility application, based upon the Voluntary Certified Access Specialist (CASp) Program screening criteria, to determine eligibility of a candidate to take the CASp Examination.
Please read section II. Establishing Eligibility of the *CASp Examination, Certification, and Practice Standards Handbook* (11/20/20 ~~02/2016~~), incorporated by reference, carefully before filling out this application. Online application and payment by credit card through your [CASp Account](https://www.apps2.dgs.ca.gov/dsa/casp/) ensures faster processing of applications.
Mail-in applications for candidate eligibility are required to be accompanied by a check or money order for the applicable Application Fee ($500 for Eligibility Category A, B, or C; $100 for Eligibility Category D.), made payable to "CASp Program." Include your name on the subject line of the payment.
Applications are accepted on a continuous basis; however, in order for a candidate to be considered eligible for the next examination administration, the CASp Program must be in receipt of the candidate eligibility application and application fee a minimum of two business days prior to the examination registration deadline, to allow for application processing, request for additional information if required, and for confirmation of eligibility to be sent to the candidate. Notice of confirmation of eligibility or denial of eligibility will be sent to the email address on file. If eligibility is confirmed, a candidate will be able to register for the CASp examination.
MAILING ADDRESS

Division of the State Architect
CASp Program
1102 Q Street, Suite 5100, Sacramento, CA 95811

Department of General Services Privacy Notice on Collection

Collection and Use of Personal Information. The Department of General Services (DGS), Division of the State Architect (DSA) collects the information requested on this form as authorized by Government Code Section 4459.5. DSA uses this information to establish eligibility of candidates for the Certified Access Specialist (CASp) program. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. DGS's general privacy policy is available at [www.dgs.ca.gov/Privacy](http://www.dgs.ca.gov/Privacy)

Providing Personal Information. All the personal information requested in the form is mandatory unless otherwise noted. Failure to provide all the necessary information will result in delay or denial of application for the CASp program. Please do not provide personal information that is not requested.

Access to Your Information. You may review the records maintained by DSA that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. The information you provide may also be disclosed when required by law.

Contact Information. For questions about this notice or access to your records, you may contact Records Coordinator at DSA at (916) 445-8100 or by mail at:

Department of General Services, Division of the State Architect

Records Coordinator

1102 Q Street, Suite 5100, Sacramento, CA 95811

DIRECTIONS

1. Eligibility is evaluated according to the minimum criteria specified in one of the eligibility categories A, B, C, or D. Complete only one eligibility category: A, B, C, or D.
2. Return your application as directed on the first page.
3. All items are required unless otherwise noted.

Contact Information
Your Application Number is
~~Title Mr. Mrs. Ms. Dr. \*~~
First Name~~\*~~
~~Middle Name~~
Last Name~~\*~~
Nature of Employment~~\*~~

CA Licensed Architect
CA Licensed Landscape Architect
CA Licensed Civil Engineer
CA Licensed Structural Engineer
Accessibility Consultant
ADA Coordinator
Attorney
Building Official
Designer/Space Planner
Facility Management
Field Inspector
Plans Examiner
General Contractor
Government Agency
Other (please specify)

Mailing Address - Street Address or PO Box~~\*~~
City~~\*~~
State~~\*~~
Zip Code~~\*~~
Primary Phone Number~~\*~~ (Please use ###-###-#### format)
~~Phone Number Ext.~~
Alternate Phone Number (Optional) (Please use ###-###-#### format)
~~Alternate Phone Ext.~~
Email Address~~\*~~
Business/Organization Name (Optional)
 ~~Update my profile with new contact information~~
Education and Experience
Eligibility for the CASp Program is evaluated according to the minimum criteria specified in one of the eligibility categories A, B, C, or D. Please complete only one eligibility category.
EITHER
Category A
(1) Education: Thirty semester units of college coursework with major work in Architecture, Architectural Technology, Building Science, City and Regional Planning, Civil Engineering, Construction Management, Environmental Design, Industrial Design, Interior Architecture/Design, Landscape Architecture, Urban and Regional Design, and

(2) Experience:

Two years of employment:

1. by a code enforcement agency (state, city, and/or county building department) as a plan reviewer, building inspector, or consulting entity; or
2. by a licensed architect, licensed landscape architect, interior designer, registered civil engineer or registered structural engineer, with responsibility for planning, design, and/or field inspection; or
3. as a licensed general contractor (Class A or B); or
4. by a licensed general contractor, as a superintendent with project management oversight; or
5. by a California public school district as a Class 1 or Class 2 Project Inspector certified by the State Architect.

(A)(1) Education

Name and Location of College or University

Course of Study

Units Completed

Semester

Quarter

Diploma, Degree or Certificate Obtained

Date Completed (mm/yyyy)

(A)(2) Employment/work experience history

License/Certification (if applicable)

General Contractor Class A
General Contractor Class B
DSA Project Inspector I
DSA Project Inspector II
DSA Project Inspector III
License/Certification #

State:

Expires (mm/dd/yyyy):

From (mm/yyyy)
To (mm/yyyy)
Total Worked (years/months)
Title/Job Classification
Employer
Phone Number (###-###-####)
Street Address
City
State
Zip Code
Describe Work Experience
OR

Category B

(1) Education: High school diploma or GED, and

(2) Experience:

Four years of employment

1. by a code enforcement agency (state, city, and/or county building department) as a plan reviewer, building inspector, or consulting entity; or
2. by a licensed architect, licensed landscape architect, interior designer, registered civil engineer and/or registered structural engineer, with responsibility for planning, design, and/or field inspection; and/or
3. as a licensed general contractor (Class A or B); or
4. by a licensed general contractor, as a superintendent with project management oversight; or
5. by a California public school district as a Class 1 or Class 2 Project Inspector certified by the State Architect.

(B)(1) education

High School Diploma~~\*~~

GED~~\*~~

(B)(2) Employment experience

Personal License/Certification Information (if applicable)

General Contractor Class A

General Contractor Class B

DSA Project Inspector I

DSA Project Inspector II

DSA Project Inspector III

License/ Certification #

State:

Expires (mm/dd/yyyy):

From (mm/yyyy)

To (mm/yyyy)

Total Worked (years/months)

Title/Job Classification

Employer

Phone Number(###-###-####)

Street Address

City

State

Zip Code

OR

Category C

Three years of employment in a specialized area of disability access rights, conducting assessments of facilities to determine adequacy related to the specific needs of the disability community.

(C) Employment experience

From (mm/yyyy)

To (mm/yyyy)

Total Worked (years/months)

Title/Job Classification\*

Employer

Phone Number (###-###-####)

Street Address

City

State

Zip Code

Describe Work Experience

From (mm/yyyy)

To (mm/yyyy)

Total Worked (years/months)

Title/Job Classification\*

Employer

Phone Number (###-###-####)

Street Address

City

State

Zip Code

Describe Work Experience

OR

Category D

Professional license, or registration, issued by the State of California as an architect, landscape architect, civil engineer, and/or structural engineer.

(D) CALIFORNIA PROFESSIONAL LICENSE OR REGISTRATION

License Type

Architect

Landscape Architect

Civil Engineer

Structural Engineer

License #

Expires (mm/dd/yyyy):

INFORMATION AFFECTING GOOD STANDING ~~BACKGROUND INFORMATION~~In addition to information regarding qualifications as described under the eligibility categories, a candidate is required to disclose background information regarding professional license suspension, revocation, and denial of license renewal, if applicable; and if the candidate has ever been convicted of, pled guilty to, or pled nolo contendere (no contest) to a misdemeanor or felony. The CASp Program regulations require disclosure of such crimes which include, but are not limited to:

1. A conviction of child abuse.

2. A conviction as a sex offender.

3. The conviction of any crime involving narcotics, dangerous drugs, or dangerous devices, as defined in section 4022 of the Business and Professions Code.

4. A conviction for assault and/or battery or lewd conduct.

A candidate is required to include a conviction that has been dismissed or expunged pursuant to sections 1203.4, 1203.4a, or 1203.41 of the Penal Code, including infractions, misdemeanors, and felonies. A candidate must provide dismissal of such convictions to the State Architect DSA CASp Program via a certified copy of the court order. The candidate must also include any conviction that arose from military service, any in which the imposition of execution of sentence was suspended, any which arose as a result of a failure to appear, an order of rehabilitation was entered, any record of conviction which was expunged, or a pardon was granted. Minor traffic violations and convictions that were adjudicated in the juvenile court which are two years or older do not need to be reported. "Minor traffic violations" are defined as traffic infractions under $1000 not involving alcohol, dangerous drugs, or controlled substances.

PLEASE ANSWER THE FOLLOWING QUESTIONS:
1. Have you ever had a license, or registration suspended, revoked or denied in any state?~~\*~~
Yes No
If yes, please explain ~~provide information~~

2. Have you ever been convicted of, pled guilty to, or pled nolo contendere (no contest) to any misdemeanor or felony?~~\*~~
Yes No
If yes, please explain ~~provide information~~

I certify under penalty of perjury that I am the person indicated above, that I have read and understood this application form, and the information I have entered on this application is true and complete to the best of my knowledge. I further understand that any false, incomplete, or incorrect statements may result in my disqualification from the examination eligibility certification process.

Once you proceed to payment and leave your completed application, you will no longer be able to return to this document to revise any entries you have made. Make sure that all entries are accurate and complete before you proceed to payment. If you wish to review your application or make any changes you may access the back button to return to previous screens.

Back
Proceed to Credit Card Payment
Print Application and Mail Payment by Check

PAY BY CREDIT CARD
DSA accepts only VISA and MasterCard.

Amount
$500~~.00~~ Categories A-C
$100.~~00~~ Category D
Credit Card Charge $XXX.XX
Credit Card Information
Cardholder's Name
Credit Card Number (please use number only)
CCV
Expiration Date (MM/YY)
Billing Address
Street Address
City
State
Zip Code
Pay by Credit Card

APPLICATION STATUS
Application denied at (date) and (time). Reason:

APPLICATION APPEAL
Please provide additional relevant information necessary to appeal the decision.

SUBMIT