

## DSA SPECIAL INSPECTOR EXAMINATION APPLICATION

DSA documents referenced within this publication are available on the [DSA Forms](#) webpage.

- ☐ \$100.00 MASONRY APPLICATION FEE (*nonrefundable*)
- ☐ \$100.00 SHOTCRETE APPLICATION FEE (*nonrefundable*)
- ☐ \$490.00 GLULAM APPLICATION AND EXAM FEE (*nonrefundable*)

Make check payable to “**DSA Special Inspector Exam**”. Mail application, **DSA 650: Disclosure of Social Security Number and/or Federal Taxpayer Identification Number** and the appropriate fee to DSA Inspector Program, 1102 Q Street #5100, Sacramento, CA 95811

APPLICANT'S INFORMATION:			
Last Name		First Name	
M.I.			
Address			
City		County	State
ZIP			
Day Phone	Cell Phone		Home Phone
Date of Birth ( <i>Must be at least 25 years of age.</i> )		Email	

<input type="checkbox"/> ICC STRUCTURAL MASONRY SPECIAL CERTIFICATION # (Masonry Applicants):	
<input type="checkbox"/> ICC REINFORCED CONCRETE SPECIAL CERTIFICATION # (Shotcrete Applicants):	

**WORK HISTORY:** *Three years of pertinent experience required for new applicants; not required for renewals. (See webpage for instructions. Attach additional pages if necessary.)*

PROJECT NAME / DESCRIPTION (Cost, # of Stories, Square Footage, DSA or OSHPD File & Application # if applicable)	FROM (Mo./Yr.)	TO (Mo./Yr.)	DUTIES PERFORMED	EMPLOYER (Name and Phone #)
				Name:
				Phone:
				Name:
				Phone:
				Name:
				Phone:
				Name:
				Phone:
				Name:
				Phone:

CURRENT EMPLOYER INFORMATION:	
Laboratory Name:	LEA#:
Engineering Manager:	Contact #:
Email:	

*I certify under penalty of perjury that all information entered on this application is true and complete. I further understand that any false, incomplete, or incorrect statements may be cause for voiding this application and any subsequent certification. I authorize the employers identified on this application to release any information they may have concerning my employment, to the State of California. I further certify that I will not reveal the contents of the examination to anyone and affirm that I will abide by the rules of the examination. I understand that upon certification, my name and phone number will be available to the public and posted on the Internet.*

Applicant Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_