

**VOLUNTARY CERTIFIED ACCESS SPECIALIST PROGRAM**

Please Print or Type all Information – or you may fill out on-line and print for signatures
ALL FIELDS MUST BE FILLED IN PER [INSTRUCTIONS](#)

**Voluntary Certified Access Specialist (CASp) Program
Examination Registration**

1. All questions and requested information must be answered completely and accurately. You may be disqualified for any false or misleading statements or for omitting information. The information you provide will be used to admit you into the CASp examination.
2. Your completed registration form and other information submitted to the Program administering the examination becomes confidential information and the property of the State of California as provided in Government Code Section 18934. This form will **not be returned**; therefore, we recommend that you keep a copy of your completed registration form and other information for your personal records.
3. After payment and registration have been processed a confirmation notice will be e-mailed to you, or mailed if you do not have an e-mail address.
4. **CANDIDATES WITH DISABILITIES OR SPECIAL REQUESTS:** If you have a disability or special need that restricts your ability to take this exam under standard conditions you may request special testing arrangements. The request must accompany this registration. Clarification of both the disability and the need for special accommodations by a licensed medical doctor is required. **For inquiries regarding the accommodation process, please contact 916-445-8100 or 916-323-2737 or email CASprogram@dgs.ca.gov at least two weeks prior to the deadline of the examination registration.**
5. Test date is listed at <http://www.dgs.ca.gov/dsa/Programs/programCert/casp.aspx>.
6. The non-refundable Candidate Examination Fee is \$800.00.
7. Mail the completed form along with the candidate examination fee to:

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

Any questions or concerns please call 916-445-8100 or 916-323-2737 or email CASprogram@dgs.ca.gov

PRINT OR TYPE

Circle/Check One: Mr. Ms. Mrs. Dr.

Last Name: _____ First Name: _____ Middle Initial: _____

Working Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

County: _____

Primary Phone: () _____ Alternate Phone: () _____

Email: _____

Business/Organization Name: _____

ANSWER THE FOLLOWING QUESTIONS:

The following are exam locations:

Northern CA – Garden Pavilion, 5640 Dudley Blvd, Grand A & B, Sacramento (McClellan),
CA 95652

Southern CA - Hawthorne Memorial Center, 3901 W. El Segundo Blvd, Polaris Room,
Hawthorne, CA 90250

1. Exam location preference:
- | | | |
|----------|------------|---------------|
| Northern | California | March or June |
| Southern | California | March or June |

Exam session is 2.5 hours in length

2. Do you need reasonable accommodation to take the written examination?
- Yes
No

If yes, to request an accommodation, review and complete the forms listed below:

- [Questionnaire for Candidates Requesting Test Accommodations](#)
- [Requesting Special Accommodations](#)
- [ADA Test Accommodations Guidelines](#)

Verification of the disability and need for special accommodations must be submitted by a licensed medical doctor. If the request is limited to wheelchair access or sitting in the front of the room, professional verification is not required.

Candidate's last name: _____ first name: _____

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

CANDIDATE SIGNATURE

DATE SIGNED