



**VOLUNTARY CERTIFIED ACCESS SPECIALIST PROGRAM**  
**CONTINUING EDUCATION EQUIVALENCY PETITION**

Please Print or Type all Information Read **INSTRUCTIONS** before completing

Name - **PRINT AS IT APPEARS ON YOUR CERTIFICATE**

Mailing Address – Street address or PO Box (Do not leave blank)

(City) (County) (State) (Zip Code)

(Home Phone) (Work Phone ) (Cell Phone) (Fax)

Email

Business/Organization Name/ Employer

Title

**YOUR CASp CERTIFICATION IDENTIFICATION NUMBER:**

EQUIVALENT ACTIVITY and/or COURSE TITLE	Date Completed			ACTIVITY UNITS/HRS	DSA Use Only	BRIEF DESCRIPTION
	Mo.	Day	Yr.			

**(COMPLETE USING PAGE 2, and ADDITIONAL SHEETS IF NECESSARY)**

**CERTIFICATION**

I certify under penalty of perjury that the above information and attached documentation is true and correct. I will furnish to the Department of General Services, Division of the State Architect evidence of the information and attached documentation upon request.

APPLICANT SIGNATURE \_\_\_\_\_

DATE SIGNED \_\_\_\_\_

**FOR DSA OFFICE USE ONLY**

CEU Petition  Granted  Denied

Extension Request  Accepted  Denied

Initial: \_\_\_\_\_

**RENEWAL STATUS**

ON TIME  LATE

DSA Received Date: \_\_\_\_\_

