

PROJECT COLLABORATOR CHANGE REQUEST PRIOR TO DSA APPROVAL

This form is for making changes to the collaborator information already provided to DSA for a project prior to DSA project approval. A separate form is required for each project. The form is to be filled out by the design professional in general responsible charge for the project. This form cannot be used to identify a change in responsibility for design professionals (see the form *DSA 1-DEL: Delegation of Responsibility*).

PROJECT INFORMATION	
DSA Region Number:	DSA File #: -
DSA Increment Number:	DSA App. #: -

DESIGN PROFESSIONAL IN GENERAL RESPONSIBLE CHARGE <i>(Print full name.)</i>
Design Professional:
Work Email:
Work Phone:

ADDITIONAL PROJECT COLLABORATORS *(List the name and the email address for collaborators to add.)*

1. Name:
Work Email:
Permission Level:

2. Name:
Work Email:
Permission Level:

3. Name:
Work Email:
Permission Level:

4. Name:
Work Email:
Permission Level:

5. Name:
Work Email:
Permission Level:

Submit completed form to the DSA regional office with construction oversight authority for the project.			
<input type="checkbox"/> DSA OAKLAND oakrps@dgs.ca.gov	<input type="checkbox"/> DSA SACRAMENTO sacrps@dgs.ca.gov	<input type="checkbox"/> DSA LOS ANGELES larps@dgs.ca.gov	<input type="checkbox"/> DSA SAN DIEGO sdrps@dgs.ca.gov