

CASp CERTIFICATION RENEWAL APPLICATION

VOLUNTARY CERTIFIED ACCESS SPECIALIST (CASp) PROGRAM

OPTIONS FOR RENEWAL

Please read section VI. *Certification Renewal* of the *CASp Examination, Certification, and Practice Standards Handbook* carefully before filling out this application. Online renewal and payment by credit card through your [CASp Account](#) ensures faster processing of certification renewals. For a mail-in renewal, use option A or option B below.

Mail-in applications for certification renewal are required to be accompanied by a check or money order for the Application Evaluation Fee (\$200) and Certification Fee (\$300), made payable to "CASp Program." Include your name and CASp number on the subject line of the payment. If applicable, you are required to also submit a record of the disability access inspections certificates (DAIC) issued to you during the certification period.

Renewal Option A (preferred): Online application and mail-in payment.

Complete your renewal application online through your CASp account, print when completed, and mail the printed copy along with your payment and the DAIC record to the address below.

Renewal Option B: Mail-in application and mail-in payment.

If you do not have computer access, please proceed with certification renewal by using this form. Return this renewal application with a check or money order and the DAIC record to the address below.

A candidate must complete the certification renewal process, which includes submission of all required information and payment of fees, prior to certification expiration. A candidate that does not complete the certification renewal process prior to certification expiration will be assessed a Delinquency Fee of \$150.

MAILING ADDRESS

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

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CONTACT INFORMATION			
Title	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Mrs.
	<input type="checkbox"/> Dr.		
Name (Last)	(First)	(Middle)	
Mailing Address – Street address or PO Box			
City		State	ZIP Code
Primary Phone	Alternate Phone (Optional)	Email	
Business/Organization Name (Optional)		CASp Certification Number:	

NATURE OF EMPLOYMENT (select one)			
<input type="checkbox"/> CA Licensed Architect	<input type="checkbox"/> CA Licensed Civil Engineer	<input type="checkbox"/> CA Licensed Landscape Architect	<input type="checkbox"/> CA Licensed Structural Engineer
<input type="checkbox"/> Accessibility Consultant	<input type="checkbox"/> ADA Coordinator	<input type="checkbox"/> Attorney	<input type="checkbox"/> Building Official
<input type="checkbox"/> Designer/Space Planner	<input type="checkbox"/> Facility Management	<input type="checkbox"/> Field Inspector	<input type="checkbox"/> General Contractor
<input type="checkbox"/> Government Agency	<input type="checkbox"/> Plans Examiner	<input type="checkbox"/> Other (please specify)	

PROFESSIONAL LICENSE, REGISTRATION, or CERTIFICATION (required, if applicable)			
Type of license, registration or certification	Number	State Issued	Expiration Date

CASp CERTIFICATION RENEWAL APPLICATION**CONTINUING EDUCATION UNITS (CEU)**

Fifteen CEU are required for certification renewal. If you need more space, attach additional sheets.

CALIFORNIA BUILDING CODE – *Minimum of five CEU required.*

Provider	Title	Hours/Units	Date Completed

FEDERAL LAWS, STANDARDS, AND REGULATIONS or EQUIVALENT ACTIVITY

Provider	Title	Hours/Units	Date Completed

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RECORD OF DISABILITY ACCESS INSPECTION CERTIFICATES

If applicable, attach a record of all disability access inspection certificates (DAIC) that have been issued to you within the current certification period:

- ISSUED DAIC - For each DAIC that has been issued, indicate the certificate number issued, and the name and address of the facility inspected.
- UNISSUED DAIC - For the DAIC that have not been issued, indicate the status as "VOID" or "UNISSUED".

Please include in the record the status of any DAIC indicated as unissued on the prior record.

The DAIC record sent to DSA should include only the information requested. Do not include any information about determinations of compliance. DAIC records that include any information regarding compliance status will be destroyed, and a renewed request for the required information will be made to the CASp.

INFORMATION AFFECTING GOOD STANDING

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 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.

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Please answer the following questions. If you need more space, attach additional sheets.

BACKGROUND INFORMATION

1. Have you ever had a license, or registration suspended, revoked or denied in any state?
If yes, please explain:

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

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 will provide the DSA CASp Program evidence of completion of continuing education, if requested. I further understand that any false, incomplete, or incorrect information may result in the delay of processing my certification renewal or in the denial of the renewal of my certification.

APPLICANT SIGNATURE

DATE