

DISABILITY ACCESS AND EDUCATION FEE REPORT**Chapter 383/12 (SB 1186)**

1. For the quarter beginning _____ through _____ Year _____
2. Name of City or County for which fees are being remitted: _____
3. Prepared by: _____ Title: _____
4. Department: _____
5. Mailing Address: _____
6. _____ CALIFORNIA Zip Code: _____
7. Primary Contact: _____ Phone: _____
8. Email: _____
9. Total number of new applicants and renewal applicants: _____ (a)
10. Total fees collected under SB 1186: (a x \$1.00) _____ (b)
11. Total fees enclosed: (b x 30%) _____ (c)

Under penalty of perjury, I declare that I have examined this report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGNATURE TITLE DATE

Please make check payable to the Division of the State Architect.
Mail payment and form DSA 768: Disability Access and Education Fee Report to:

FOR DSA STAFF USE ONLY		
Date:	Receipt #:	Initials:

Division of the State Architect
Attn: SB 1186
1102 Q Street, Suite #5100
Sacramento, CA. 95811