

FORM CERTIFICATION WORKSHEET

DGS FMC 20 (Rev. 02/2016)

Please complete and return to
Forms Management Center at
FormsManagement@dgs.ca.gov

AUTHOR AGENCY / DIVISION	FORM NUMBER
FORM TITLE	REVISION DATE

DESCRIPTION OF FORM/REVISION

New Form (Describe the purpose of the form) Identify end user(s) _____

Revision (Describe the changes) Identify recipient(s) _____

Description:

FORM REQUIREMENTS - All must be checked

Government Code Sections 14770-14775

- Necessary to meet statutory responsibilities
Statute: _____
- Agency has authority to require
- Not duplicatory and does not conflict with another form
- Most cost-effective way to obtain the information
- All information is being actively used

Design Elements:

- State of California
- Department
- Form Title
- Form Number
- Revision Date

SAM 1745:

- ADA compliant
- Fillable and Savable
- Privacy and Disclosure

DISTRIBUTION - Check all that apply

- Web form (HTML)
- Post Online (Must be fillable and savable)
- Print Hardcopy Stock (Provide justification, include construction type)
- E-Signature Required (No Justification)
- Wet Signature Required (Provide Justification)
Statute: _____

Hardcopy/Signature Justification:

The agency representative(s) identified below have reviewed the form and certify that all of the above criteria have been met.

APPROVED BY FORMS COORDINATOR	DATE
APPROVED BY FORMS SUPERVISOR	DATE
HARDCOPY JUSTIFICATION APPROVED BY DIVISION CHIEF	DATE