

## 1-REG

## REGISTRATION FOR PROJECT SUBMITTAL

Division of the State Architect (DSA) documents referenced within this form are available on the <u>DSA Forms</u> or <u>DSA Publications</u> webpages.

This form must be submitted six to eight weeks prior to the submittal of the project. See DSA procedure *PR 17-03: Project Submittal Appointment Process.* Form *DSA 1: Application for Approval of Plans and Specifications* must be submitted with this form. If the project is divided into increments, then *DSA1-INC: Definition of Scope of Increments* must be submitted with this form. If information included on this form has changed, a revised form DSA 1-REG must be submitted. DSA fees are not required as part of this registration process. Fees are due when the project is submitted.

egistration process. I ces are a	de when the project is submitted.				
REGISTRATION INFORMA	ATION				
Project Name/School:					
Name of Person Submitting	Date Submitted:		Date Submitted:		
Work Email:		Work Phone:			
SCHOOL DISTRICT/OWN	ED INFORMATION				
School District/Owner:	ER INFORMATION				
Contact Name:					
			W. J. Di		
Work Email:	Work Phone:				
INTENT OF FILING THIS F	ORM (Check applicable box belo	ow and provi	de the required i	information.)	
☐ This is the <i>initial</i> regist	ration for this Project Submittal.*				
This is a <i>revised</i> registration for this Project Submittal. **		**	DSA App. #:		
INTENT TO SUBMIT DATES  Original intended date to submit complete project to DSA. (Leave blank if this is a REVISED registration.)		* Date:		** Incr. #:	
Original intended date to submit complete project to DSA. (Leave blank if this is a REVISED registration.)					
Revised intended date to su (Leave blank if this is the INITI.	* Date:		** Incr. #:		
	e six to eight weeks from the date the e project has only one increment.	e initial (or revi	sed) registration is	s submitted to DSA.	
BRIEF DESCRIPTION OF	PROJECT				
(For projects with structural sc	ope, include description of structural	framing syste	ms and materials.	)	
SPECIAL REQUEST (If an	v).				
OF ECIAL REGULOT (II dil	· · · · · · · · · · · · · · · · · · ·				
Submit completed form via em	nail to the DSA Regional Office with	project approv	al authority for th	ne project.	
☐ DSA OAKLAND oakrps@dgs.ca.gov	☐ DSA SACRAMENTO sacrps@dgs.ca.gov	☐ DSA LOS	S ANGELES gs.ca.gov	☐ DSA SAN DIEGO sdrps@dgs.ca.gov	
υακι μοιωμήσιυα. ήυν	σασιρομομός.υα.μυν	iai pa(w,u	go.ca.gov	aurpawuya.ca.yuv	