

DISCLOSURE OF SOCIAL SECURITY NUMBER AND/OR FEDERAL TAXPAYER IDENTIFICATION NUMBER

DEPARTMENT OF GENERAL SERVICES PRIVACY NOTICE ON COLLECTION

Collection and Use of Personal Information. The Department of General Services (DGS), Division of the State Architect (DSA) collects the information requested on this form as authorized by the California Business and Professions Code Section 494.5 and California Family Code Section 17520. DSA uses this information to check names against those on the lists of the 500 largest tax delinquencies and the list of those out of compliance with order(s) for family or child support. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. DGS's general privacy policy is available at www.dgs.ca.gov/Privacy

Providing Personal Information. All the personal information requested in the form is mandatory unless otherwise noted. Failure to provide all the necessary information will result in delay or denial of certification. Please do not provide personal information that is not requested.

Access to Your Information. You may review the records maintained by DSA that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. The information you provide may also be disclosed when required by law.

Contact Information. For questions about this notice or access to your records, you may contact Records Coordinator at DSA at (916) 445-8100 or by mail at:

Department of General Services, Division of the State Architect
 Records Coordinator
 1102 Q Street, Suite 5100, Sacramento, CA 95811

APPLICANT INFORMATION:		
Name:		
Company Name:		
Address:		
City:	State:	Zip Code:
Indicate whether the address is: <input type="checkbox"/> Home or <input type="checkbox"/> Business		
Contact Phone Number:		
Social Security Number and/or Federal Taxpayer ID:		

TYPE OF CERTIFICATION (Please choose one.):	
<input type="checkbox"/> CASp Certification/Recertification	<input type="checkbox"/> DSA Project Inspector Certification/Recertification
<input type="checkbox"/> DSA Masonry Inspector Certification/Recertification	<input type="checkbox"/> DSA Shotcrete Inspector Certification/Recertification
<input type="checkbox"/> DSA Laboratory Evaluation and Acceptance Program	<input type="checkbox"/> DSA Gas Shut Off Valve Program
<input type="checkbox"/> DSA Glulam Inspector Certification/Recertification	<input type="checkbox"/> Other
DSA Program Approval/Certificate ID Number (if applicable):	

I hereby certify under penalty of perjury that I am the person indicated above and that I have read and understand this form and the instructions, and that all information provided is true and correct. I understand that any false statement will be cause for revocation or suspension of any subsequent certification or approval.

Signature: _____ Date: _____

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OPTIONS FOR COMPLETING THIS FORM

You may complete this form online and print it or complete a printed form manually. Please print all responses using an ink pen. This form cannot be electronically transmitted.

DSA must have current contact information. Failure to notify DSA of any changes to contact information could result in the denial, revocation, or suspension of approval, certification, or recertification. Per California Constitution, Article 1, Sections 1 & 3 and Government Code 6254(k), personal information such as home address and social security numbers shall not be deemed a public record and shall not be open to the public for inspection.

Name of Applicant and/or Company Name:

Provide the legal name of the applicant or the legally authorized representative for the business (for a business, it must be the same individual signing this form) applying for approval, certification, or recertification. Provide the legal name of the "Company" if it is a business and a federal taxpayer identification number is provided.

Current Mailing Address of Applicant:

Provide the current mailing address of the applicant or business applying for approval, certification or recertification.

Contact Phone Number:

Provide the contact phone number of the applicant or business applying for approval, certification or recertification.

Social Security and/or Federal Taxpayer ID Number:

Provide the social security number and/or federal taxpayer identification number of the applicant or business applying for approval, certification or recertification (as applicable).

Type of Certification:

Indicate the name of the program (as listed on page one under "Type of Certification") for which approval, certification or recertification is being sought.

DSA Program Approval/Certificate ID Number:

Provide the program or certificate number for the applicant or business applying for approval, certification or recertification. This field is only applicable to current certificate holders or renewals.

Applicant's Statement of Responsibility and Applicant's Signature:

The applicant or an authorized business representative must sign and date this form.

Please submit your completed and signed form DSA 650 to:

The Division of the State Architect
1102 Q Street, Suite 5100
Sacramento, CA 95811
Attn: (specify the "Type of Certification" here) Program Manager