

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

California Business and Professions Code section 494.5 and California Family Code section 17520 require state governmental licensing entities to collect applicant social security numbers or federal taxpayer identification numbers for specified purposes. As required by law, the Division of the State Architect (DSA) compares this information to lists furnished by the Franchise Tax Board, the State Board of Equalization, and/or the Department of Child Support Services for tax enforcement purposes and for compliance with order for child support.

Your social security number shall not be deemed a public record and shall not be open to the public for inspection.

It is mandatory to furnish all information requested on this form. If all or any part of the required information is not provided, processing may be delayed. In addition, DSA may suspend, revoke, or deny a certification, or may deny the renewal of certification for misstatements of facts (including a failure to disclose a material fact).

## Privacy Notice

The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals. Each individual has the right to review personal information maintained by this agency, unless access is exempted by law. Any inquiries may be submitted to the address located on page 2 of this form or you may contact DSA at (916) 445-8100.

Name: \_\_\_\_\_  
Last Name First Name MI

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

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: \_\_\_\_\_

FOR DSA OFFICE USE ONLY	
Received By: _____	Received Date: _____

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

### **INSTRUCTIONS 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.

#### **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 (Choose one):**

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