

Update My *List of Certified Access Specialists* Information

INSTRUCTIONS: Please read the CASp Examination, Certification, and Practice Standards Handbook carefully before filling out this information. Items with an asterisk (*) are required, please update as necessary.

REQUIRED INFORMATION

Certification Number	CASp-XXX
First Name*	<input type="text"/>
Last Name*	<input type="text"/>
Phone Number*	<input type="text"/> (Please use ###-###-#### format)
Expiration Date of Certification	XX/XX/XXXX
Do you perform inspections as an Independent CASp?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, in what California counties do you provide inspections?*	<input type="checkbox"/> Statewide <input type="checkbox"/> (List counties)

OPTIONAL INFORMATION

Email Address	<input type="text"/>
	<input type="checkbox"/> Update my profile with new contact information.