DSA

4

APPLICATION FOR REVIEW OF ELIGIBILITY EVALUATION REPORT FOR THE SEISMIC MITIGATION PROGRAM

Please print or type all information – or you may fill out online and print for signatures.
ALL FIELDS MUST BE FILLED IN PER INSTRUCTIONS.

1. **School District:** _____
   Mailing address: _____
   _____
   _____ CA _____
2. **Dist. Superintendent:** _____ Name _____ Telephone _____ Email
3. **Dist. Facilities Dir. or Contact:** _____ Name _____ Telephone _____ Email
4. **Name of Campus:** _____
5. **School Address:** _____
   _____ CA _____
6. **County of:** _____
7. **Name of Building:** _____
8. **Building Use:** _____
9. **Project Tracking Number (PTN):** _____
10. **Approx. Total Floor Area (Sq. Ft.):** _____

11. **Applicant's Statement of Responsibility:** I certify that I am acting for the School District in the legal capacity of an agent making this application.

    Signature of Applicant: _____ **Date:** _____
12. **Name of Applicant :** _____ **Title:** _____
    (Please Print)
13. **Mailing Address** (if Applicant different from name shown in #1 or #15):
    _____
    _____ CA _____

DSA USE ONLY				
DATE APPL. REC'D	**DATE FEE REC'D**	**APPLICATION COMPLETE?**	☐ **No**	**DATE RETURNED:**
			☐ **Yes**	**Name of Reviewer:**
DATE REVIEW COMPLETED:	**DSA CONCURRENCE?** ☐ **Yes** ☐ **No**	**REASON, IF NO:**		
DSA LETTER:	**ELIGIBILITY** ☐ **Acceptance** ☐ **Rejection**	**REPLACEMENT** ☐ **Acceptance** ☐ **Rejection**		
DATE SENT:				

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14. The Eligibility Evaluation Report was prepared by:

Print or type name of Structural Engineer | Email Address | CA Reg. No.

15. Firm Name:

Address:

Telephone No. | Extension | Fax No. | Email Address

16. Geologic Hazard Report, if required, was prepared by:

Engineering Geologist

Name:

CA Reg. No | Tel. #

Email | Fax #

17. Geotechnical Report, if required, was prepared by:

Geotechnical Engineer

Name:

CA Reg. No | Tel. #

Email | Fax #

Please submit the Eligibility Evaluation Report, Form DSA 4, and Fee ($1,000) to:

DSA Headquarters

ATTN: Seismic Mitigation Program Submittal
1102 Q Street, Suite 5100
Sacramento, CA 95811-6550

Disclaimer: I certify that this form is an exact duplicate (verbatim) of the form provided by the Division of the State Architect (DSA) i.e. Form DSA 4 (**Revision of 07-16-2015**). In the event a conflict should exist, the language in the **current** DSA form will prevail.