

DSA SPECIAL INSPECTOR EXAMINATION APPLICATION

DSA documents referenced within this publication are available on the [DSA Forms](#) webpage.

- \$100.00 MASONRY EXAM APPLICATION FEE (*nonrefundable*)
- \$100.00 SHOTCRETE APPLICATION FEE (*nonrefundable*)
- \$490.00 GLULAM APPLICATION AND EXAM FEE (*nonrefundable*)

Make check payable to “**DSA Special Inspector Exam**”. Mail your completed application, **DSA 650: Disclosure of Social Security Number and/or Federal Taxpayer Identification Number** and the appropriate fee to: **DSA Inspector Program, 1102 Q Street #5100, Sacramento, CA 95811.**

APPLICANT'S INFORMATION:				
Last Name		First Name		M.I.
Address				
City		County	State	ZIP
Day Phone		Cell Phone		Home Phone
Date of Birth (<i>Must be at least 25 years of age.</i>)			Email	
<input type="checkbox"/> ICC STRUCTURAL MASONRY SPECIAL CERTIFICATION # (Masonry Applicants):				
<input type="checkbox"/> ICC REINFORCED CONCRETE SPECIAL CERTIFICATION # (Shotcrete Applicants):				

WORK HISTORY: <i>Three years of pertinent experience required for new applicants; not required for renewals. (See webpage for instructions. Attach additional pages if necessary.)</i>				
PROJECT NAME / DESCRIPTION <small>(Cost, # of Stories, Square Footage, DSA or OSHPD File & Application # if applicable)</small>	FROM <small>(Mo./Yr.)</small>	TO <small>(Mo./Yr.)</small>	DUTIES PERFORMED	EMPLOYER <small>(Name and Phone #)</small>
				Name: Phone:
				Name: Phone:
				Name: Phone:
				Name: Phone:
				Name: Phone:

CURRENT EMPLOYER INFORMATION:	
Laboratory Name:	LEA#:
Engineering Manager:	Contact #:
Email:	

I certify under penalty of perjury that all information entered on this application is true and complete. I further understand that any false, incomplete, or incorrect statements may be cause for voiding this application and any subsequent certification. I authorize the employers identified on this application to release any information they may have concerning my employment, to the State of California. I further certify that I will not reveal the contents of the examination to anyone and affirm that I will abide by the rules of the examination. I understand that upon certification, my name and phone number will be available to the public and posted on the Internet.

Applicant Signature: _____ Date Signed: _____