

**DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS
FACTORY-BUILT HOUSING PROGRAM**

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From TDD Phones: 1-800-735-2929

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**APPLICATION FOR EXAMINATION
FACTORY-BUILT HOUSING QUALITY ASSURANCE INSPECTOR**

NAME _____
LAST FIRST MIDDLE

RESIDENCE ADDRESS _____
NUMBER AND STREET CITY STATE ZIP

TELEPHONE (_____) _____ (_____) _____
BUSINESS HOME

EMAIL _____

QUALITY ASSURANCE AGENCY _____ (_____) _____
TELEPHONE

AGENCY ADDRESS _____
NUMBER AND STREET CITY STATE ZIP

WORK EXPERIENCE

(LIST MOST RECENT EMPLOYER FIRST)

FROM MO / YR	TO MO / YR	TITLE AND DUTIES PERFORMED	EMPLOYER(S) NAME, ADDRESS, TYPE OF BUSINESS

ATTACH ADDITIONAL QUALIFYING INFORMATION OR RESUME TO BACK

EDUCATION

NAME AND LOCATION OF HIGH SCHOOL _____ CIRCLE GRADE COMPLETED : 9 10 11 12

NAME AND LOCATION OF COLLEGE OR UNIVERSITY _____ TYPE DEGREE EARNED _____ DATE DEGREE GRANTED _____

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CERTIFICATES AND LICENSES

CERTIFICATION TYPE AND NUMBER _____ NAME OF ISSUING ENTITY _____ DATE GRANTED _____ EXPIRATION DATE _____

PLEASE INDICATE THE TYPE OF CERTIFICATION DESIRED:

- COMPLETE UNITS AND COMPONENT PANELS COMPONENT PANELS ONLY

PLEASE INDICATE YOUR PREFERENCE AS TO WHERE YOU WOULD LIKE YOUR EXAMINATION SCHEDULED:

- SACRAMENTO RIVERSIDE

CERTIFICATION FEE: \$866.00, PURSUANT TO SECTION 3060, TITLE 25, CHAPTER 3, SUBCHAPTER 1, CALIFORNIA CODE OF REGULATIONS

RENEWAL FEE: \$253.00

CITIZENSHIP / IMMIGRATION STATUS DECLARATION

- COMPLETED STATEMENT OF CITIZENSHIP, ALIENAGE AND IMMIGRATION STATUS
- HCD FORM I - COPY OF ONE OF THE DOCUMENTS FROM LIST A OR B SHOWING U.S CITIZENSHIP OR QUALIFIED ALIEN STATUS
- APPLICANT VERIFICATION FEE \$13.00 (NOT REQUIRED UPON RENEWAL)
-

I, _____, HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS
(PRINT OR TYPE NAME)

APPLICATION ARE TRUE AND COMPLETE.

(SIGNATURE)

(DATE)