

**FOR DEPT USE ONLY**

**Date of Collection** \_\_\_\_\_  
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**Collection Number** \_\_\_\_\_  
**QAA Number** \_\_\_\_\_  
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**Design Approval Agency and/or Quality Assurance Agency Approval**

**INSTRUCTIONS**

1. Read the application carefully and provide all requested information and attachments. Type or print clearly.
2. Refer to California Code of Regulations, Title 25, Chapter 3, Subchapter 2, Article 5, (hereinafter CCR) commencing with Section 4850, for requirements on Third-Party Approval applications, qualifications, performance required and fees.
3. Attach the appropriate fee(s) for original or renewal application as specified in CCR Section 4884.
4. If applying for approval as a Design Approval Agency and a Quality Assurance Agency, use just one application form but respond to all questions and requirements for information.

**SECTION 1 - PURPOSE OF APPLICATION AND TYPE APPROVAL REQUESTED**

(Check appropriate box(es))

- |  |  |
|--|--|
| <input type="checkbox"/> DESIGN APPROVAL AGENCY, ORIGINAL APPROVAL     | <input type="checkbox"/> QUALITY ASSURANCE AGENCY, ORIGINAL APPROVAL     |
| <input type="checkbox"/> DESIGN APPROVAL AGENCY, ORIGINAL APPROVAL     | <input type="checkbox"/> QUALITY ASSURANCE AGENCY, APPROVAL RENEWAL      |
| <input type="checkbox"/> DESIGN APPROVAL AGENCY, SUPPLEMENTAL APPROVAL | <input type="checkbox"/> QUALITY ASSURANCE AGENCY, SUPPLEMENTAL APPROVAL |

**SECTION 2 - IDENTIFICATION INFORMATION**

FIRM NAME (DBA) \_\_\_\_\_ TELEPHONE ( \_\_\_\_ ) \_\_\_\_\_

CORPORATE NAME (IF APPLICABLE) \_\_\_\_\_ TELEPHONE ( \_\_\_\_ ) \_\_\_\_\_

PRINCIPAL PLACE OF BUSINESS ADDRESS \_\_\_\_\_  
Number and Street City State Zip Code

MAILING ADDRESS \_\_\_\_\_  
P. O. Box or Number and Street City State Zip Code

**SECTION 3 - OWNERSHIP STRUCTURE**

(Check appropriate box)

- INDIVIDUAL                       PARTNERSHIP                       CORPORATION

List below, as appropriate, the name(s) and title(s) of the Individual owner, all Partners of the Partnership, or all Corporate Officers, Directors and Controlling Stockholders of the Corporation.

In Column A, indicate with an "X" those persons who will participate in the management or supervision of activities subject to the Third-Party Approval.

Last	First	Middle	Title	Column A

Check here if additional sheet(s) attached.

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## SECTION 4 - ORGANIZATION

On a separate attachment entitled "Organization", explain the organizational structure. Include all of the following information as applicable to your organization:

- A. In descending order of responsibility, the name(s), title(s), and responsibilities of all persons who are directly responsible for performance of the activities subject to the Third-Party Approval, including directors, supervisors, managers, engineer-s, architects, technical staff, Insignia Administrator, and Quality Assurance Inspectors. Attach an organization chart, if necessary.
- B. For Design Approval Agency applicants only, the name(s) and California license number(s) of each architect or California registration number(s) of each engineer who will perform design reviews for mobilehomes or commercial coaches as specified in CCR Section 4852(b).
- C. For Quality Assurance Agency applicants only, the name of the Insignia Administrator.
- D. For Quality Assurance Agency applicants only, the name(s) and department approval number(s) of each Quality Assurance Inspector who will perform inspections and monitoring activities as specified in CCR Section 4854(b).

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## SECTION 5 - QUALIFICATIONS

- A. On a separate attachment entitled "Qualifications", explain in a narrative, the entity's business activities and how the entity meets the requirements of CCR Section 4852(a) (c) (d) and (e), and/or Section 4854 (a) (b) (c) and (d).
- B. Attach a resume of pertinent education, training and experience for each person listed in Section 4 of this application. When applying for renewal, a resume need not be submitted for persons listed in Section 4 who were previously approved.
- C. For Quality Assurance Agency applicants only, describe detail on a separate attachment entitled "Insignia Administration and Security Procedures", the procedures which satisfy the requirements of CCR Section 4882.

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## SECTION 6 - CERTIFICATIONS

- A. Attach an "Absence of Conflict of Interest Statement" (Form HCD-MH 417 (Rev 7/99) signed by each person listed in Section 3 and 4 of this application.
- B. I, \_\_\_\_\_, as applicant and the highest ranking officer of the  
(Type or Print Name)  
ownership, certify under penalty of perjury that all information provided with this application is true and correct to the best of my knowledge and belief.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

EXECUTED IN THE COUNTY OF \_\_\_\_\_ STATE OF \_\_\_\_\_