STATE OF CALIFORNIA
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS

Application for Design Approval Agency and/or Quality Assurance Agency Approval

FOR DEPARTMENT USE ONLY
Date of Collection _____
Fee Collected _____
Collection No. _____
QAA No. _____
DAA No. _____

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))

☐ DESIGN APPROVAL AGENCY, ORIGINAL APPROVAL
☐ DESIGN APPROVAL AGENCY, APPROVAL RENEWAL
☐ DESIGN APPROVAL AGENCY, SUPPLEMENTAL APPROVAL
☐ QUALITY ASSURANCE AGENCY, ORIGINAL APPROVAL
☐ QUALITY ASSURANCE AGENCY, APPROVAL RENEWAL
☐ 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.

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, engineers, 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).

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 in detail on a separate attachment entitled "Insignia Administration and Security Procedures", the procedures which satisfy the requirements of CCR Section 4882.

SECTION 6 - CERTIFICATIONS

A. Attach an "Absence of Conflict of Interest Statement" (Form HCD-MH 471 (Rev 5/89) signed by each person listed in Section 3 and 4 of this application.

B. I, _____, as applicant and the
(Type or Print Name)

highest ranking officer of the 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 _____