

Division of Codes and Standards

Codes and Standards Online Services (C&S OS)

Third-party Provider Account Creation Application

How to apply to become an HCD Approved Third-party Provider

Account Creation

 Open HCD C&S OS portal using the following URL: <u>Home (site.com)</u> Click the Create Account button on the C&S OS homepage.



• The Info icon next to the hyperlink displays the information about the type of account.

California Department of Housing and Community	Create Account Already have an account? Sign.in
Development	Choose Account Type
ALIFORN	Contractor Account
Velcome to Codes and Standards Online Services "C&S OS"	Registered Owner Account
	Customer Account
odes and Standards Online Services (C&S OS) is the fastest, most convenient way to do business with the Division of	Requester Account
odes and Standards. We offer a growing list of secure online services for customers including the ability to make a syment, apply for a permit, register your mobilehome, and more-anytime, anywhere. Create your online account to	Park Owner/Operator Account Create this type of account if you would like to apply to become a third party provider for the park
t started, or if you already have an account, log in here <u>sign in</u> .	Employee Housing Owner/Operator Account manager training program.
or any technical questions or concerns reparding C&S OS system, please email us at csos@hcd.ca.eov	Park Manager Training Third-party Provider Account
	Local Enforcement Agency Account
CD provides equal access to programs and information to persons with disabilities, as well as those with Limited	
glish Proficiency, through interpretive services, alternate format documents and auxiliary aids to ensure effective	Park to Moma
ommunication. If you need assistance in submitting an application or would like to access interpretive services,	Back to Home

• Under Choose Account Type, click on Park Manager Training Third-party Provider Account.

California Department of	Create Account	
Housing and Community	Already have an account? Sign in	
Development	Choose Account Type	
CALIFORNIA	Canturattar Account	
Welcome to Codes and Standards Online Services "C&S OS"	Resistant Owiner Account	
recome to codes and standards online services. Cas os	Customer Account O	
Codes and Standards Online Services (CBS OS) is the fastest, must conversent way to do business with the Division	an of Requester Account © O	
Codes and Standards. We offer a growing tet of secure online services for customers including the ability to ma	Park Demotor Account. 0	
payment, apply for a permit, register your mobilizations, and more anytime, anywhere. Create your unline accou- net stanted or fluxer abased have an account line in here. Just by	et to	
Paralleline of Paralleline and service of second services		
For any technical questions or concerns regarding CA3 OS system, please errol us at combhod.ca.awv	Park Manager During Dard-party Provider Assault	
	Local Inforcement Agency Account	
PCD provides equal access to programs and information to persons with disabilities, as well as those with Lin	reted	
English Preficiency, through interpretive services, alternate format documents and auxiliary aids to ensure offe	it times	Real to be
communication. If you need assistance in submitting an application or would like to access interpretive services	vices,	820 10 40

• On the **Third-party Provider Information** screen, choose **Customer Type.** Enter all the required fields and upload the required documents. Click the **Next** button.

Calif	fornia Department of using and Community Developn	nent				Home	Resources	
	Training	O	•					
	Training Third-party Provider Information							
	MDROTATI NOTE. This application should be submitted by the highest-cashing efficer of evenership in a company or as an individual. Park Manager Training Third party Provider information Customer Type							
1	*Legal First Name	Legal Middle Name			*Legal Last Name			
1	First Name TPP	MN Tpp			last NAme TPP			
	*Address 1							
	2020 test street							
	Address 2							
	*Enter Zip Code							
	95835 - SACRAMENTO, CA							
	* State	*County		* City		*Zip Code		
1	CA	SACRAMENTO		SACRAMENTO		95835		
1	* Email			* Phone				
	malarvizhi.anbazhagan+tpp1@hcd.ca.gov			(898) 989-8989				
	*State Issued ID or Passport							
	▲ Upload Files Or drop files							
	2021-Represented-Employee-Leave-Cash-Out-Request-Form.pdf				÷			
	Please explain how you are qualified to establish and administer park management training of	urriculum, administer training and examination, and su	ubmit information to the departmen	t in accordance with this chapter.				
	tes							
	Cancel						Nert]

• On the Absence of Conflict of Interest Statement screen, complete all the required fields by initialing next to each statement. Click the Next button.

NOTE: if the applicant is a company, this is required to be completed by the highest-ranking representative of the company.

CONTRACTOR OF CO	California Department of Housing and Community Development C&S OS	Home Resources
	Absence of Conflict of Interest Statement	
	Absence of Conflict of Interest Statement 	lability company, partnership, person, or other entity with an ownership interest in a park when
	Please initial below to certify the following (If completing on behalf of a company, the highest ranking officer must initial): I. The person or private entity and its owners, directors, shareholders, management personnel, and other personnel have no ownership or managerial C. The results of Third-Parry Provider's owners, directors, management personnel, and other personnel have no stock in and receive no stock options in of park(s). A. No member of a Third-Parry Provider shall take part in any act of collusion or other fraudulent practice with a park owner, operator, or manager or ar interest in a park. Cancel	affiliation with any park. ship that has ownership of park(s). any corporation, limited liability company, or partnership that has ownership vy corporation, limited liability company, or partnership with an ownership Previous

• On the **Summary and Review** screen. Review all details entered and click the **Next** button.

on their more: This application should be submitted	by the highest-ranking officer of ownership in	a company or as an individual.			
Park Manager Training Third-party Provider inf	ormation				
Customer Type					
Person O Company					
Legal First Name		Legal Middle Name		Legal Last Name	
First Name TPP		MN Tpp		last NAme TPP	
Address 1					
2020 test street					
Address 2					
	County		City		Zin Code
State	county				-,
CA	SACRAMENTO		SACRAMENTO		95835
CA Email	SACRAMENTO		SACRAMENTO Phone		95835
Sare CA Email malarvizhi.anbazhagan+tpp1@hcd.ca.gov Uploaded State Issued Id orPassport: [*2021-Repre	SACRAMENTO	rbquJ	SACRAMENTO Phone 89898989899		9333
State CA Email malarvichLanbachagan+tpp1@hcd.ca.gov Uploaded State Issued Id orPassport; [2021-Repre Please explain how you are qualified to establish and adv test	SACRAMENTO	used"] dminister minimg and examination, and submit infi	SACRAMENTO Phone Bossesson prmation to the department in accordance with this ch	apter.	9333
State CA CR Imail Imalarvitah.anbashagan+tpp1@hcd.ca.gov Uploaded State Issued Id orPassport; [2021-Repr Please explain how you are qualified to establish and adr test Absence of Conflict of Interest Statement	santed-Employee-Leave-Cash-Ouc-Request-Form	.soff] dminister training and examination, and submit infi	BACRANENTO Prone Boseseese semation to the department in accordance with this ch	apter.	9933
State CA CFmail malarvichi.anbachagan+tgp1@hcd.ca.gov Uploaded State Issued id orPassport["2021-Repre Passe sopiain how you are qualified to establish and adr test Absence of Conflict of Interest Statement Third Party Provider Conflict of Interest	SACRAMENTO	ued"] dminater training and exemination, and submit infr	BACRANENTO Phone Phone Beddebaces similation to the department in accordance with this ch	apter.	9933
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• On the **Signature** screen. Complete the required fields and then click the **Confirm & Continue** button.

California Department of Housing and Community Dev C&S OS	<i>r</i> elopment		Home Resc	purces
	00	0	Signature	
Signature KM I agree to notify HCD (email to I/We certify under penalty of perjury under the law	PMTP@HCD.CA.GOV) if a park manager requests the training in a langu of the State of California that foregoing is true and correct.	ge other than English.		
* Signature		Date		
Test Signature Cancel		03-12-2025	Previous	Confirm & Continue

• On the **Payment** screen, review the fee amount and then click the **Pay Now** button.

California Department of Housing and Community Deve C&S OS	lopment			Home Resources
Payment	00	-00	O e Payment	
	N	ew Third-Party Provider Account		
Fee Type		Fee Amount	Quantity	Fee Total
Third-Party Provider Approval Application Fee		\$427.00	1	\$427.00
*Please note that clicking on the Pay Now button will take you outside c	this web page. You will need to have popup blockers disabled.			Total Fees \$427.00
Cancel				Back Pay Now

• On the **Payment Request Form**, click the **Proceed to Pay** button.

< Cancel Payment		Paj	California Department of Housing and Community Development C&S OS	
	Order Section			
	Total Amount			427.00 USD
			Drossed to Davi	
			Proceed to Pay	
			Payment	

• Enter payment details.

to Order Section	California (Housing an C&S	d Community Development			
	Payment R	equest Form			
Order Section		Billing Address			
Total Amount	427.00 USD	Payor Name ' Test			
Payment Payment CARD		Address1 * 1234 test street			
VISA 😂 📰 🐃	Change Card	Address2	Otala (Decision 1	Destro Contra 1	
Expiration Date(MMYY) *	0	Country*	Ca	20231	
	Submit I	2ayment			
IMPORTANT MESSAGE: To avoid processin	g delays, please verify the billing add	ress you enter matches the a	ddress associated with y	our credit/debit card.	
Effective January 01, 2024, all credit card re	funds will be issued through the State	Controller's Office in the for	m of a check; please allo	w 4 - 6 weeks for processi	ng.
	Elavon Pr	vacy Policy			

• After payment has been submitted, the below message will pop up. Please do not navigate from this page until the receipt is generated to avoid incomplete payments.

Your receipt is being generated. Please DO NOT navigate away from this screen until the receipt is generated to avoid incomplete payments

• On the **Credit Card Receipt** screen, verify the amount is correct and then click the **Confirm & Continue** button. A **receipt** will be emailed to the email address on file.

	STATE OF CALIFORNIA CALIFORNIA DEPARTMENT OF HOUSING & COMMUNITY DE VELOPMENT DIVISION OF CODES AND STANDARDS		
Credit Card Receipt			
Customer:	Date Received 10/14/2024		
TEST	Card # 00000000000000000000000000000000000		
1234 TEST STREET,	Authorization # 276797		
BAC, CA, 20231	Amount \$427.00		
DATE	DIN	REFERENCE	PEES
DATE 1014/2024 13406789 - New Third-Party Provider Account	DTN	REFERENCE	PEES \$427.00
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• On the **Complete** screen, a data tracking number (DTN) is displayed and can be used as your confirmation number. Your application has now been submitted.

COMMUNITY OF	California Department of Housing and Community Development	Home	Resources
	Complete		
	New Third Party Provider Account Application		
	Thank you for submitting your application. You will receive a confirmation email for Document Tracking Number (DTN) 13505324		
	Back to Dashboard		

• An email will be sent to the email address on file, example of the email receipt is below:

Image: The Capity of an enclosed of the integral sound capity construction of the integral sound capity of the integral sound capity of the integral of	2/26/2025 1:44 PM
STATE OF CALIFORNA - BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY GAVIN NEWSOM, Governor DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT DIVISION OF CODES AND STANDARDS Pair Manager Training Program imbilited.cs.ace Phome: 1-800-802-8356 www.HDC.Cc.GoV February 26, 2025 Thank you for submitting the application to become an HCD approved Third-party Provider for the Pairk Manager Training Program. Once the application has been approved, you will be contacted electronically to submit the curriculum and additional requirements for approval. If you have any add regarding this application, please contact us at <u>PHTDBInct ca.agv</u> .	tional questions
STATE OF CALIFORNIA CALIFORNIA DEPARTMENT OF HOUSING & COMMUNITY DEVELOPMENT DIVISION OF CODES AND STANDARDS	
Credit Card Receipt	
Customer: Date Received 02/26/2025	
TEST USER Card # 00000.0002	
1234 TEST STREET, Authorization # 979594	
SACRAMENTO, CA, 295833 Amount \$427.00	
DATE DTN REFERENCE F	EES
02/26/2025 13482648 - New Third-Party Provider Account	\$427.00
Total Fees:	\$427.00
Previously Paid:	\$0
Paid Today: Paido Dura	\$427.00
Place Note: This payment does not complete your application. If you have any questions place contact (000) 952-8356 and reference your DTN manher lated above.	40

Application Approval Process

- After HCD approval, you will receive two emails.
- The first email will be the Third-Party Provider Approval email.

Sand	ox: Third-Party Provider Approval
	noreply@salesforce.com on behalf of No Reply <kristen.mathews@hcd.ca To \circ kristen.mathews+tpp2@hcd.ca.gov; \circ hcdguestuser@hcd.ca.gov Wed 3/12/2025 2:33</kristen.mathews@hcd.ca
STATE	OF CALIFORNIA - BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY GAVIN NEWSOM, Governor
DEPA	RTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
Park Ma	lager Training Program
pmtp@h	<u>zd.ca.gov</u>
Phone: 1	-800-952-8356
March 1	, 2025
Your ne request support credent Please the cred	v Third Party Provider account for Kristen Mathews has been created and your Document Tracking Number (DTN) is 13505325 . A has been submitted to send you your individual log in credentials via a separate email. Please make sure to add <u>@salesforce.com</u> to your safe list and check your spam folder. Request has been submitted to send you your individual log in als via a separate email. Note:- To receive final approval to offer the training per Title 25, Section 10007, please login to your account that you created usir entials received in the separate email at California Department of Housing and Community Development California Department
of Hous	ng and Community Development and submit an application for curriculum approval.
An appr of the H TPP sha Health a	oved TPP shall offer the initial training coursework of six (6) to eight (8) hours in an online format as described in section 18876.1(b salth and Safety Code that includes curriculum described in section 18876.1(e) of the Health and Safety Code and an approved l offer the continuing training coursework of two (2) to four (4) hours in an online format as described in section 18876.1(b) of the nd Safety Code that includes curriculum described in section 18876.1(e) of the Health and Safety Code.
lf you ha	ve any questions, please contact us at <u>pmtp@hcd.ca.gov</u> .
The se bassw	cond email will contain your username. Click the Password Link to create your ord and finish setting up your online account.
Sandb	ox: Welcome to your C&S Online Services Account!
CU	noreply@salesforce.com on behalf of CAHCD UAT <krishnakumar.parama To \bigcirc kristen.mathews+tpp2@hcd.ca.gov Wed 3/12/2025 2:35 I</krishnakumar.parama
Hi Kriste	١,
Welcom	e to the Department of Housing and Community Development's (HCD's) Codes and Standards Online Services (CASOS)
Usernan	e: kristen.mathews+top2@hcd.ca.gov.top

Please complete your user account by clicking the link below to create your password. Once your account is active, you can start using HCD's online services.

If the link does not work when clicked, please try copying and pasting the link directly into your browser.

Password Link [cahcd--uat.sandbox.my.site.com]

If you have questions regarding HCD's programs or need assistance, please <u>contact us</u> at (800) 952-8356.

Please do not reply to this auto-generated email

2

- Enter the new password and confirm the new password.
- Click the change password button to create your new password.

salesforce
Change Your Password
Enter a new password for Kristen.mathews+tpp2@hcd.ca.gov.tpp. Make sure to include at least: ② 15 characters ③ 1 uppercase letter ④ 1 lowercase letter ④ 1 lowercase letter ④ 1 special character ● 1 special character ● * New Password • Confirm New Password • * required Password was last changed on 3/12/2025, 2:35 PM.

• You will be logged into your dashboard and the application will display in the **Existing Application Status** Table in **Complete** status.

California Department of Housing and Community Development				Home	Resources	٤
Account Information				Submit a Complaint		Annage Users
New Third-Party Provider Account Name KRISTEN MATHEWS	New Third-Party Provider Account 123 TEST STREET, CITRUS HEIGH	t Address TS, CA 95610				
New Application	¥					
Start Existing Application Status					1	Transaction Log Curriculum development information
DTN DECAL NUMBER PARK NAME	DATE SAVED/SUBMITTED	SUBMITTED BY	DESCRIPTION OF APPLICATION		STATUS	ACTION
1550550 Showing Results 1 of 1 items	Mar 12, 2025 02:32 PM	Kristen Mathews	New Inird-Party Provider Account		Lomplete	<< < Page 1 of 1 > >>

Application Denial Process

• If the application is **denied**, you will receive an email with the denial letter. Use the link in the email to resubmit your new Third-Party Provider Account application.

File Message Help Acrobat Q Tell me what you want to do							
📋 Delete → 🛅 Archive 🖄 Move → 🖒 Reply 🖏 Reply All → Forward 🗰 Share to Teams 📓 All Apps 🖄 SPCM → 👺] Mark Unread 🔡 - 🍋 - 🔊 🔎 Find 🛛 💱 - 🔍 Zoom 🔯 🕺 Report Phish 🔗 Viva Insights \cdots						
Sandbox: Third-Party Provider - Denial Letter Image: Sandbox: Third-Party Party							
Park Manager Training Program mittel®uck.ca.gov Phone: 1-800-952-8356							
WWW.HCD.CA.GOV							
March 12, 2025							
Third-Party Provide	Third-Party Provider Denial letter						
Kristen Mathews C/O Kristen Mathews 123 Test Street CITRUS HEIGHTS, CA 95610	DTN Number: 13505324 Amount Paid: 427.00						
Thank you for submitting your application to become an approved Third-party Provider for the Park Manager's Training program. Your application is deficient, and being returned to you because it is missing the following information:							
Third-Party Provider							
[x] Title 25, Section 10006 (b)(1)(A)ii LLC-Please submit an electronic copy of the current Articles of Organization filed with the California Secretary of State.							
Please resubmit your new Third-Party Provider account application using below link							
ResubmitLink[https://cahcduat.sandbox.my.site.com] [cahcduat.sandbox.my.site.com]							
Please login to your account at and submit all requested documents or information.							
If you have any questions, please contact us at pmtp@hcd.ca.gov.							
Sincerely, Contact: California Department of Housing & Community Development							
1 000 053 0356							

- After clicking on the resubmit link, you will be prompted to enter the Document Tracking Number (DTN) that can be found in the denial email.
- Click the Confirm & Continue button to resubmit the application.

California Department of Housing and Communit	y Development	Home Resources
	0 0	
Application Information		
	Please enter the DTN number of the application that you need to resubmit. 13565324	
Cancel		Confirm & Continue