



Division of Codes and Standards

Codes and Standards Online Services (C&S OS)

Third-party Provider Account Creation Application

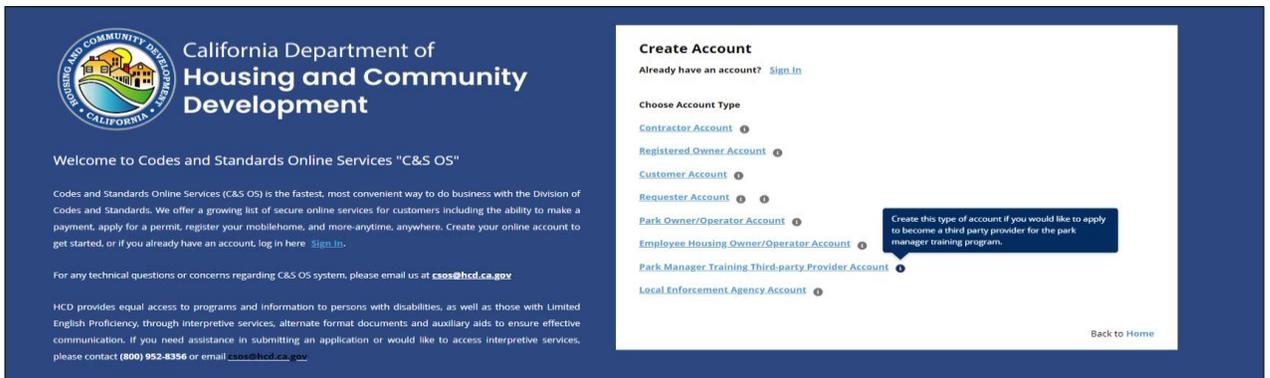
How to apply to become an HCD Approved Third-party Provider

Account Creation

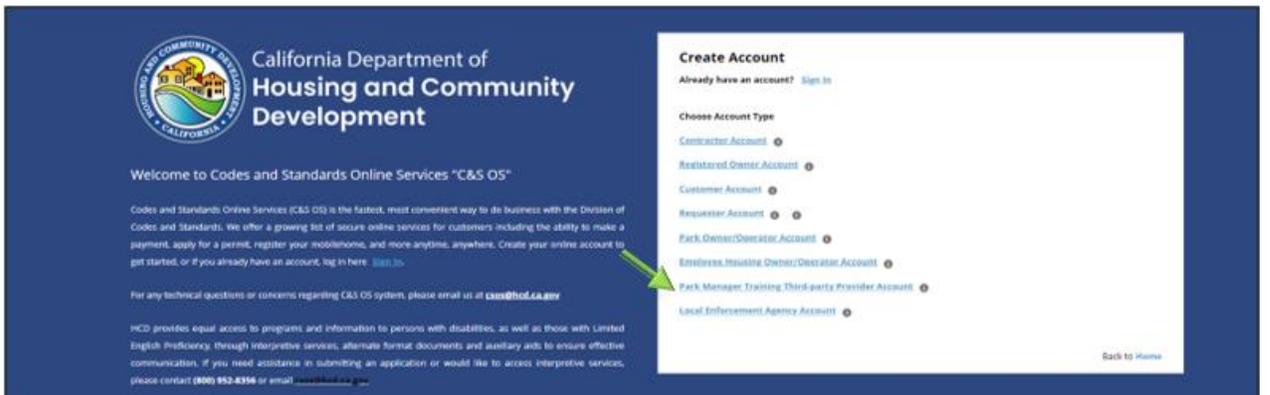
- Open HCD C&S OS portal using the following URL: [Home \(site.com\)](http://Home(site.com)) Click the **Create Account** button on the C&S OS homepage.



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



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



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

California Department of Housing and Community Development
C&S OS

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Training Third-party Provider Information

IMPORTANT NOTE: 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 Information

Customer Type

Person Company

* Legal First Name Legal Middle Name * Legal Last Name

* First Name TPP * Last Name TPP

* Address 1

2020 test street

Address 2

* Enter Zip Code

95833 - SACRAMENTO, CA

* State CA * County SACRAMENTO * City SACRAMENTO * Zip Code 95833

* Email mstarovich@lanhachago.gov * Phone (916) 959-8989

* 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 curriculum, administer training and examination, and submit information to the department in accordance with this chapter.

test

Cancel **Next**

- 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.

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Absence of Conflict of Interest Statement

Third Party Provider Conflict of Interest

A Third-Party Provider shall be considered free of any conflicts of interest, affiliation, influence, and control of a park owner, operator, or manager or any corporation, limited liability company, partnership, person, or other entity with an ownership interest in a park when in compliance with the following criteria:

Please initial below to certify the following (If completing on behalf of a company, the highest ranking officer must initial):

- The person or private entity and its owners, directors, shareholders, management personnel, and other personnel have no ownership or managerial affiliation with any park.
- The results of Third-Party Provider's work do not accrue financial benefits to the organization, through stock ownership in any corporation or partnership that has ownership of park(s).
- Third-Party Provider's owners, directors, management personnel, and other personnel hold no ownership or stock in and receive no stock options in any corporation, limited liability company, or partnership that has ownership of park(s).
- No member of a Third-Party Provider shall take part in any act of collusion or other fraudulent practice with a park owner, operator, or manager or any corporation, limited liability company, or partnership with an ownership interest in a park.

Cancel Previous **Next**

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

SUMMARY AND REVIEW

IMPORTANT NOTE: 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 information

Customer Type
 Person Company

Legal First Name: Legal Middle Name: Legal Last Name:

Address 1:
 Address 2:

State: County: City: Zip Code:

Email: Phone:

Uploaded State Issued Id or Passport: [2021-Represented-Employee-Leave-Cash-Out-Request-Form.pdf]

Please explain how you are qualified to establish and administer park management training curriculum, administer training and examination, and submit information to the department in accordance with this chapter.

▼ Absence of Conflict of Interest Statement
 Third Party Provider Conflict of Interest

A Third-Party Provider shall be considered free of any conflicts of interest, affiliation, influence, and control of a park owner, operator, or manager or any corporation, limited liability company, partnership, person, or other entity with an ownership interest in a park when in compliance with the following criteria:

Please initial below to certify the following (if completing on behalf of a company, the highest ranking officer must initial):

- The person or private entity and its owners, directors, shareholders, management personnel, and other personnel have no ownership or managerial affiliation with any park.
- The results of third-party provider's work do not accrue financial benefits to the organization, through stock ownership in any corporation or partnership that has ownership of parks.
- Third-party provider's owners, directors, management personnel, and other personnel hold no ownership or stock in and receive no stock options in any corporation, limited liability company, or partnership that has ownership of parks.
- No member of a third-party provider shall take part in any act of collusion or other fraudulent practice with a park owner, operator, or manager or any corporation, limited liability company, or partnership with an ownership interest in a park.

- On the **Signature** screen. Complete the required fields and then click the **Confirm & Continue** button.

California Department of Housing and Community Development
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Signature

I agree to notify HCD (email to PMTP@HCD.CA.GOV) if a park manager requests the training in a language other than English.

I/We certify under penalty of perjury under the laws of the State of California that foregoing is true and correct.

*Signature: Date:

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

California Department of Housing and Community Development
C&S OS

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Payment

New Third-Party Provider Account

Fee Type	Fee Amount	Quantity	Fee Total
Third-Party Provider Approval Application Fee	\$427.00	1	\$427.00
			Total Fees \$427.00

*Please note that clicking on the Pay Now button will take you outside of this web page. You will need to have popup blockers disabled.

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

Cancel Payment

California Department of Housing and Community Development
C&S OS

Payment Request Form

Order Section

Total Amount	427.00 USD
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Proceed to Pay

Secure Payment

- Enter payment details.

Back to Order Section

California Department of Housing and Community Development
C&S OS

Payment Request Form

Order Section

Total Amount	427.00 USD
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Payment

PAYMENT CARD

Card Number * Change Card

Expiration Date(MMY) * CVV2 *

Billing Address

Pastor Name *

Address1 *

Address2

City * State/Province * Postal Code *

Country *

Submit Payment

IMPORTANT MESSAGE: To avoid processing delays, please verify the billing address you enter matches the address associated with your credit/debit card.
Effective January 01, 2024, all credit card refunds will be issued through the State Controller's Office in the form of a check; please allow 4 - 6 weeks for processing.

[Elavon Privacy 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 DEVELOPMENT
DIVISION OF CODES AND STANDARDS

Credit Card Receipt

Customer:	Date Received:	10/14/2024
TEST	Card #:	XXXXXXXXXXXXXXXXXXXX
1234 TEST STREET,	Expiration *:	10/2024
BAC, CA, 20231	Amount:	427.00

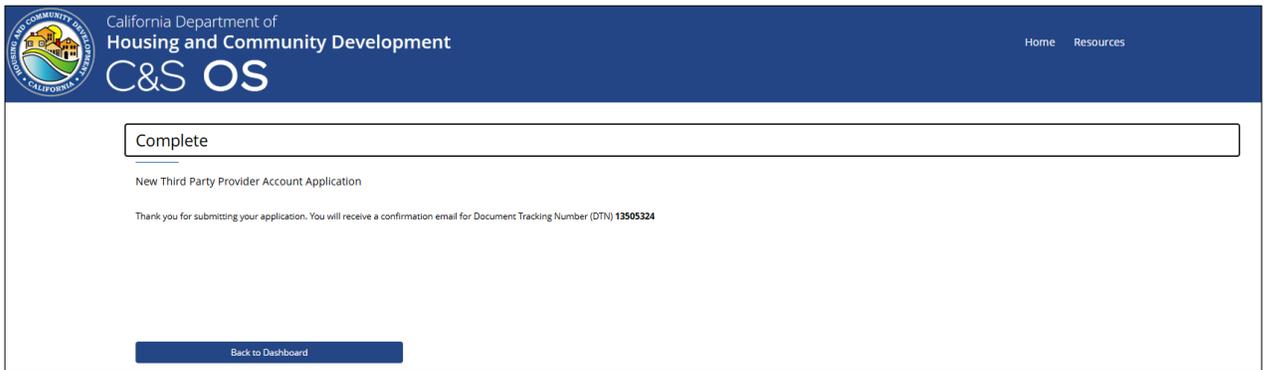
DATE	DESCRIPTION	DTN	REFERENCE	FEES
10/14/2024	12400-00 - New Third Party Provider Account			
				Total Fees 427.00
				Processing Fee 0.00
				Final Total 427.00
				Balance Due 0.00

Please Note: This payment does not complete your application. If you have any questions please contact (800) 912-8316 and reference your DTN number listed above.

Customer: California Department of Housing & Community Development
Headquarters Phone: (916) 912-8316
Mailing Address: PO Box 277829
Sacramento, CA 95821

[Print/Save as PDF](#) [Confirm & Continue](#)

- 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.



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

Sandbox: SB869 Payment Receipt

noreply@salesforce.com on behalf of No Reply <donotreplycsos@hcd.ca.gov>
To: Nguyen, Kim-Anh@HCD

[If there are problems with how this message is displayed, click here to view it in a web browser.](#)

STATE OF CALIFORNIA - BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY GAVIN NEWSOM, Governor

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS

Park Manager Training Program
emto@hcd.ca.gov
Phone: 1-800-952-8356
www.HCD.CA.GOV
February 26, 2025

Thank you for submitting the application to become an HCD approved Third-party Provider for the Park 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 additional questions regarding this application, please contact us at PHTP@hcd.ca.gov.

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

Credit Card Receipt

Customer: TEST USER 1234 TEST STREET, SACRAMENTO, CA, 95833	Date Received 02/26/2025	Card # XXXX-XXXX-XXXX-0002
	Authorization # 979594	Amount \$427.00

DATE	DTN	REFERENCE	FEES
02/26/2025	13482648 - New Third-Party Provider Account		\$427.00
		Total Fees:	\$427.00
		Previously Paid:	\$0
		Paid Today:	\$427.00
		Balance Due:	\$0

Please Note: This payment does not complete your application. If you have any questions please contact (800) 952-8356 and reference your DTN number listed above.

Application Approval Process

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

Sandbox: Third-Party Provider Approval

 noreply@salesforce.com on behalf of No Reply <kristen.mathews@hcd.ca>
To  kristen.mathews+tpp2@hcd.ca.gov;  hcdguestuser@hcd.ca.gov

Wed 3/12/2025 2:33 PM

STATE OF CALIFORNIA - BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY GAVIN NEWSOM, Governor

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS

Park Manager Training Program
pmp@hcd.ca.gov
Phone: 1-800-952-8356
www.HCD.CA.GOV
March 12, 2025



Your new Third Party Provider account for **Kristen Mathews** has been created and your Document Tracking Number (DTN) is **13505325**. A request has been submitted to send you your individual log in credentials via a separate email. Please make sure to add support@salesforce.com to your safe list and check your spam folder. Request has been submitted to send you your individual log in credentials via a separate email.

Please Note:- To receive **final approval** to offer the training per Title 25, Section 10007, please login to your account that you created using the credentials received in the separate email at [California Department of Housing and Community Development | California Department of Housing and Community Development](#) and submit an application for curriculum approval.

An approved 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) of the Health and Safety Code that includes curriculum described in section 18876.1(e) of the Health and Safety Code and an approved TPP shall 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 Health and Safety Code that includes curriculum described in section 18876.1(e) of the Health and Safety Code.

If you have any questions, please contact us at pmp@hcd.ca.gov.

- The second email will contain your username. Click the Password Link to create your password and finish setting up your online account.

Sandbox: Welcome to your C&S Online Services Account!

 noreply@salesforce.com on behalf of CAHCD UAT <krishnakumar.parama>
To  kristen.mathews+tpp2@hcd.ca.gov

Wed 3/12/2025 2:35 PM

Hi Kristen,

Welcome to the Department of Housing and Community Development's (HCD's) Codes and Standards Online Services (CASOS)

Username: kristen.mathews+tpp2@hcd.ca.gov

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 \[cahcd--uat.sandbox.my.site.com\]](http://cahcd--uat.sandbox.my.site.com)

If you have questions regarding HCD's programs or need assistance, please [contact us](#) at (800) 952-8356.



Please do not reply to this auto-generated email

- 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:

- ✓ 15 characters
- ✓ 1 uppercase letter
- ✓ 1 lowercase letter
- ✓ 1 number
- ✓ 1 special character ⓘ

* New Password

* Confirm New Password

*=required

Change Password

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
C&S OS

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Account Information

New Third-Party Provider Account Name: **KRISTEN MATHEWS**
New Third-Party Provider Account Address: **123 TEST STREET, CITRUS HEIGHTS, CA 95610**

New Application:

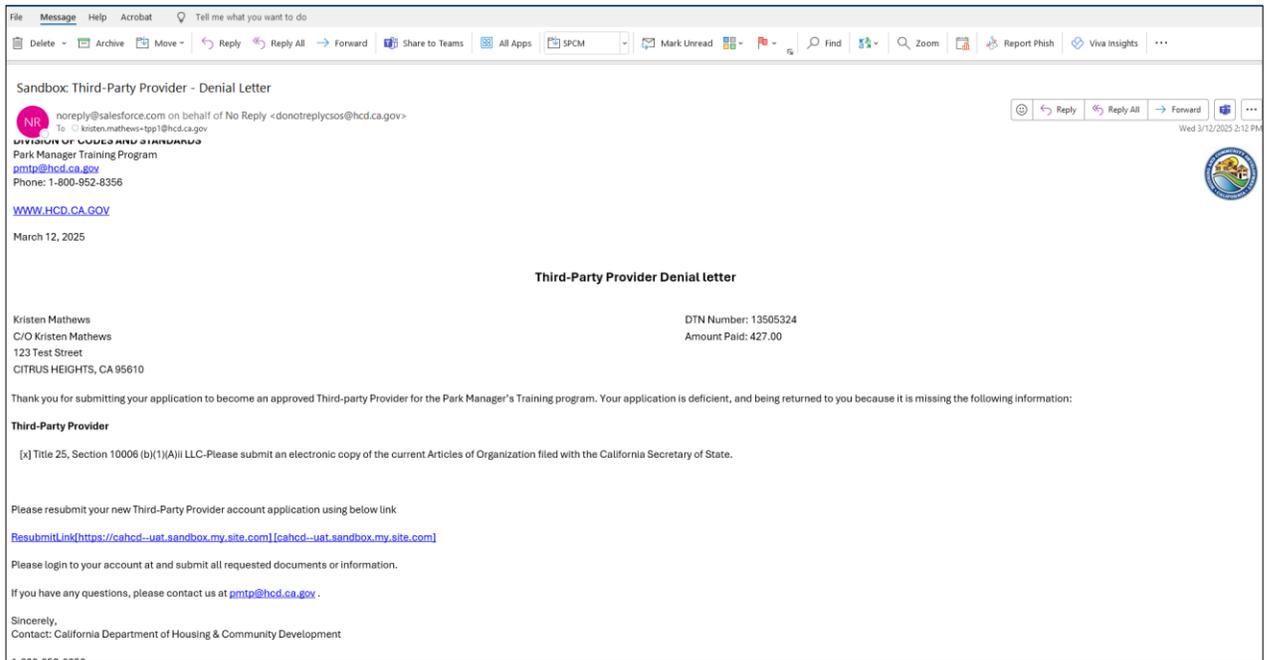
Existing Application Status [Transaction Log](#) [Curriculum development information](#)

DTN	DECAL NUMBER	PARK NAME	DATE SAVED/SUBMITTED	SUBMITTED BY	DESCRIPTION OF APPLICATION	STATUS	ACTION
13800325			Mar 12, 2025 02:32 PM	Kristen Mathews	New Third-Party Provider Account	Complete	

Showing Results 1 of 1 items << 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.



- 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.

The screenshot shows the 'Application Information' step of a resubmission process on the California Department of Housing and Community Development (C&S OS) website. The page features a progress bar at the top with five steps, the first of which is active. Below the progress bar, the text reads: 'Please enter the DTN number of the application that you need to resubmit:'. A text input field contains the value '13505324', which is highlighted in yellow. At the bottom left, there is a 'Cancel' button, and at the bottom right, there is a 'Confirm & Continue' button.