



SAFETY ASSESSMENT PROGRAM EVALUATOR REGISTRATION FORM

(Please Print)



PHOTOGRAPH IDENTIFICATION NUMBER _____

TRAINING DATE	TYPE OF REGISTRATION (<i>CHOOSE ONE DISASTER SERVICE WORKER</i>)	SPECIALTY
	DSW–State <input type="checkbox"/> Caltrans <input type="checkbox"/> DOC <input type="checkbox"/> DGS <input type="checkbox"/> DWR <input type="checkbox"/> HCD <input type="checkbox"/> OSHPD <input type="checkbox"/> CA State Univ. <input type="checkbox"/> UC <input type="checkbox"/> Other Agency _____	<input type="checkbox"/> Building Inspector <input type="checkbox"/> Architect <input type="checkbox"/> Structural Eng. <input type="checkbox"/> Geologist <input type="checkbox"/> Geotechnical Eng. <input type="checkbox"/> Eng. Geologist <input type="checkbox"/> Civil Engineer (show specialty below) <input type="checkbox"/> Other _____
PREVIOUS DSW SAP EVALUATOR REGISTRATION?	DSW–Local <input type="checkbox"/> CALBO (Local Government only) Jurisdiction _____	
Yes <input type="checkbox"/>	DSW–Volunteer <input type="checkbox"/> SEAOC <input type="checkbox"/> ASCE <input type="checkbox"/> ACIA <input type="checkbox"/> AIA <input type="checkbox"/> Other _____	
# _____		
No <input type="checkbox"/>		

PROFESSIONAL LICENSE/CERTIFICATE	LICENSE/CERTIFICATE STATE OF ISSUANCE	CIVIL P.E. SPECIALTY (CIRCLE ONE)
# <input type="checkbox"/> None		Structural Bridges Wastewater Geotechnical Roads Environmental Water Resources Rail Harbors

NAME (AS YOU WANT IT TO APPEAR ON THE CARD. "MI" WILL NOT BE ON THE CARD.)

Mr. Last	First	MI
Ms.		

MAILING ADDRESS

Number	Street	City	County	State	Zip
--------	--------	------	--------	-------	-----

TELEPHONE NUMBERS

Residence	Business	Cell Phone
-----------	----------	------------

EMAIL ADDRESS

Government Code §3108:

Every person who, while taking and subscribing to the oath or affirmation required by this chapter, states as true any material matter which he or she knows to be false, is guilty of perjury, and is punishable by imprisonment in the state prison for two, three, or four years. Every person having taken and subscribed to the oath or affirmation required by this chapter, who while in the employ of, or service with, the state or any county, city, city and county, state agency, public district, or disaster council or emergency organization advocates or becomes a member of any party or organization, political or otherwise, that advocates the overthrow of the government of the United States by force or violence or other unlawful means, is guilty of a felony and is punishable by imprisonment in the state prison.

LOYALTY OATH OR AFFIRMATION (GOVERNMENT CODE §3102)

I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties upon which I am about to enter. I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATE _____ SIGNATURE _____ Signed at (City, County, State) _____

TO BE COMPLETED BY THE INSTRUCTOR

THIS INDIVIDUAL PARTICIPATED IN THE SAFETY ASSESSMENT PROGRAM EVALUATOR TRAINING, UTILIZING STATE-CERTIFIED TRAINING MATERIALS AND PRESENTATIONS, AND MEETS CURRENT PROGRAM STANDARDS ESTABLISHED BY THE CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES.

INSTRUCTOR'S NAME (PRINT) _____ SIGNATURE _____

FOR CAL OES USE ONLY

DATE RECEIVED _____	DATE LETTER SENT _____
LICENSE/CERTIFICATE VERIFIED _____	DATABASE UPDATED <input type="checkbox"/> _____
<input type="checkbox"/> CERTIFICATE ISSUED _____	DATE COMPLETED _____
<input type="checkbox"/> CARD NUMBER SAP _____	
CARD EXPIRATION _____	CERTIFIED TRAINER: EVALUATOR <input type="checkbox"/> COORDINATOR <input type="checkbox"/>

Please complete each section of this form. Please print legibly and use a dark ink. Do NOT use pencil, red or other light colored ink. Giving complete information will speed up the registration process.

Photograph Identification – Photos have to be in digital format (i.e., jpeg). Resolution is not greatly important due to the size of the picture needed for the ID card. However, using a light background is very important this will help with the quality of the picture. Double check photos after taking them to make sure they are in focus and have good lighting. If a person is wearing glasses, please ask them to remove them, or turn off the flash so there is no glare. Persons wearing hats must remove them for the photo. Before sending pictures please name each photo with the “last name,” (space), “first name” (e.g., Smith Jane.jpeg, Clark-Jr David.jpeg).

Training Date – Write in the training date.

Previous SAP Registration – If you already have a Disaster Service Worker (DSW) registration card, please let us know and provide the number.

Type of Registration – Please choose only **ONE DSW** designation. This will determine what type of identification card you will receive. If one or more of these applies to your situation, we advise you choose the one that will pay your salary in the event of an emergency (e.g. state or local government employee could be paid by the agency or jurisdiction.)

- **DSW-State** – Please mark this box if you are employed by a State agency. Please specify which department by marking the corresponding box, or filling it in on the line provided.
- **DSW-Local** – Please mark this box only if you are employed by any local government agency.
- **DSW-Volunteer** – Please mark these boxes if you are not employed by any state, or local government, please specify which professional organization you belong to; you must make ONE selection only. If other, please identify. Your name will be provided to one of the professional organizations. That organization will be responsible for keeping your information current and for callouts for individuals.

Specialty – Select all that apply. This will help us verify what type of license/certificate you have. If multiple specialties are marked, please note that the highest-level license will be identified on your DSW card (e.g. structural engineer will be used if structural & civil engineer are marked). Note that civil engineers must clarify their specialty (see below).

Professional License/Certificate # - List all license or certificate numbers that correspond with the specialties indicated. Please write these items legibly, this will help us with the verification process. If you are not certified, please mark the “None” box. If your professional license is from a state other than California, please indicate which state it is from.

License/Certificate State of Issuance – Show the state in which the previously mentioned license or certificate was issued from.

Civil P.E. Specialty - Circle one of the specialties shown here.

Name – Please provide your name as it appears on your driver's license.

Mailing Address – Where you would like your card and any other information regarding the SAP program mailed to you.

Telephone Numbers – In case of deployment, please provide the numbers that are best to contact you, including any alternate numbers (i.e. cell phone and pager, etc.).

Email Address – This information will be used for updates regarding the SAP program, and as an alternate means of contact in case of deployment.

Loyalty Oath – VERY IMPORTANT! If you are not a CA state or CA local government employee, you need to complete this form.

Instructors – After each course, an OES certified trainer that was present at the training session must print their name and sign to certify the statement.

Please do not write in the area identified as “For Cal OES use only”.

All the information on this form is required. Any information not provided will result in delays in the issuance of the DSW registration cards. If all information is provided with clear digital pictures, Cal OES may process the DSW cards within 2-3 weeks of receipt of the registration package from the professional organization conducting the training.

Once again, Cal OES would like to thank you for participating in the SAP Evaluator Training. This program is vital in the aftermath of any type of disaster. Your participation is invaluable.