STATE OF CALIFORNIA GAVIN NEWSOM, GOVERNOR





## NOTICE OF DEPARTMENT DESIGNATION

## For California State, City, County, City/County, District, or Special District Departments

(Pursuant to Sections 6730.2 and 8725.1 of the California Business and Professions Code, an appropriately-licensed person needs to be designated as the individual in responsible charge of land surveying and each branch of engineering services being practiced)

Note: Each department that practices engineering or surveying on an independent basis must designate appropriately-licensed individuals in responsible charge of those services. List the lowest level department that has independent authority to make final engineering or land surveying decisions without having to obtain approval of those decisions by a higher level of authority.

<b>○ State</b>	○ City:				
○ City/County:					
Department Name:					
Address: (Including city, state, & 2	zip code)				
Telephone Number:					
Website Address:					
☐ Mechanical Enginee  List the name of the	J		Land Surveyi		a o o rin a
telephone number, an contracted to serve ir	services that you d email address. n an official capa	r department po An Organization city (i.e., city e	ractices along on Chart shou engineer, etc.)	with their title, license n d be attached. List indi ( <b>Attach additional pa</b>	umber, viduals
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## **Additional Offices**

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○ State	○ City:		O Co	ounty:		
○ City/County:	O District:					
Department Name:						
Address: (Including city, state, & zip co	de)					
Telephone Number:						
Website Address:						
Professional Services P	racticed:					
☐ Civil (Structural and Ge	eotechnical) Engin	eering 🗆	Electrical Engine	ering		
☐ Mechanical Engineerin	g		Land Surveying			
List the name, title, and	l license number	of the licen	see or licensees	s in responsible charge of		
				/Agency's office along with		
	, ,		•	rganization Chart should be		
		serve in an	official capacity	(i.e., city engineer, etc.).		
(Attach additional pages	s if needed)					
NAME	TITLE	LIC. NO.	PHONE	EMAIL		
Name of Person completing this Form	Signature	Title		Contact Information Date		
Department Name:						
Address: (Including city, state, & zip co	de)					
Telephone Number:						
Website Address:						
Professional Services P  ☐ Civil (Structural and Ge ☐ Mechanical Engineerin	eotechnical) Engin	-	Electrical Engine Land Surveying	eering		
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(Attach additional pages		ocive iii dii	omorai capacity	(i.e., oity engineer, etc.)		
NAME	TITLE	LIC. NO.	PHONE	EMAIL		
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Title

Name of Person completing this Form

Signature

Date

Contact Information