

**Americans with Disabilities Act (ADA)  
Certified Access Specialist (CASp) Assessment Application**

**Applicant Name:** \_\_\_\_\_

(Check all that apply) \_\_\_Property Owner \_\_\_Business Owner \_\_\_Authorized Person (Specify: \_\_\_\_\_)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Business Name:** \_\_\_\_\_

Address: \_\_\_\_\_ San Francisco, CA ZIP: \_\_\_\_\_

(If different from above) Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Type of Business: \_\_\_\_\_ Business Entity: \_\_\_\_\_

Property: \_\_\_ Own \_\_\_ Lease Est. Sq. Ft.: \_\_\_\_\_ (If lease) Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Business Owner's Information (If different from above):**

Name: \_\_\_\_\_ Phone/Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Property Owner's Information (If different from above):**

Name: \_\_\_\_\_ Phone/Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

1. Has anyone sued your business/property for not being ADA compliant? \_\_\_Yes \_\_\_No

(If Yes): When did the lawsuit occur? \_\_\_\_\_ Settled? \_\_\_Yes \_\_\_No (If settled) Date: \_\_\_\_\_

2. Have you completed any ADA improvements to your business/property? \_\_\_Yes \_\_\_No

(If Yes): What improvements did you do? \_\_\_\_\_

**Please provide the following documentation with your application:**

- ✓ Executive Summary - a brief description of the business, product and/or services provided
- ✓ Proof of Business License and Insurance

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return completed application and required documentations to:**

Northeast Community Federal Credit Union  
683 Clay Street, San Francisco, CA 94111  
Fax: (415) 434-0715