UC DAVIS HEALTH | Facilities Planning and Development Division

REPLACE PROJECT CONTACTS AND PROFESSIONALS
USER GUIDE
UG-209

Date: January 23, 2026

By: Building Department

UC**DAVIS** HEALTH | Facilities Planning and Development Division

Purpose:

This user guide provides step-by-step instructions for submitting the **Replace Contacts and Professionals** request form to Accela. It is the Project Manager's responsibility to prepare and submit the form in the Accela eService Portal.

IMPORTANT – PROJECT MANAGER REPLACEMENT

If the Project Manager is being replaced and cannot prepare or submit Form F-309, a **Supervisor, Director, or authorized representative for the Owner** must complete and sign the form.

If the Supervisor, Director, or authorized representative for the Owner is not an authorized contact on the project record and does not have Accela eServices Portal access, the signed form may be uploaded by an existing authorized project contact or submitted to the Building Department for staff upload.

Approved replacement requests are processed by the Building Department Coordinator after the completed and signed form is uploaded to the parent project record.

The **Replace Contacts and Professionals F-309 Form** can be downloaded from the Building Permitting website under **Forms**:
https://health.ucdavis.edu/facilities/work-with-us/permitting

Reference related documents:
- **Information Bulletin IB-108** and **Form F-309**

STEP 1 – Complete Form:

SECTION 1: REPLACE PROJECT CONTACT

The fields listed below are required for each **outgoing** and **incoming** project contacts.

- *Contact Role (check only one)*
  - Check the appropriate box for the contact's role as shown in the example to the right.
- *First Name*
  - Enter the complete first name of the contact person.
- *Last Name*
  - Enter the complete last name of the contact person.
- *Business Name*
  - Enter the complete Business Name for the contact person.
- *Email*
  - Enter the contact person's complete email address.
- *Effective Date*
  - Enter the effective date that this person is added to the project. If unknown, enter the current date.

SECTION 1: REPLACE PROJECT CONTACT

This section is only to **REPLACE** a contact on the project. **If replacing a <u>Licensed Professional</u>, please skip to Section 2 below.**

Note: <u>New</u> users must first register for an account before requesting access to project records. If they have not previously registered for a public user account on our eServices Portal, please have them do so here aca-prod.accela.com/UCDMC/CommunityView/account/new

Contact Role:

☒ Project Manager	☐ Applicant	☐ Consulting Construction Manager	☐ Contact (Other)

Outgoing Contact:

First Name:	
Last Name:	
Business Name:	
Email:	
Effective Date:	

Incoming Contact:

First Name:	
Last Name:	
Business Name:	
Email:	
Effective Date:	

STEP 1 – Complete Form (Continued):

SECTION 2: REPLACE LICENSED PROFESSIONAL

The fields listed below are required for each **outgoing** and **incoming** professional:

- **Professional Discipline (check only one)**
  - Check the appropriate box for the professional discipline as shown in the example to the right.
- **First Name & Last Name**
  - Enter the professional's complete first and last name into each field.
- **License #**
  - Enter the complete Professional License number. **For example: C 3125**
- **Business Name**
  - Enter the complete Business Name.
- **Business Address**
  - Enter the complete Business Address (street #, street name and type, city, state, zip code).
- **Mobile Phone**
  - Enter the 9-digit Mobile Phone Number.
- **Email**
  - Enter the professional's complete email address.
- **Effective Date**
  - Enter the effective date the professional is added to the project.

SECTION 2: REPLACE LICENSED PROFESSIONAL

This section is only to **REPLACE** a **Licensed Professional** on the project.

* For replacements, both outgoing and incoming professionals must be provided with <u>matching effective dates</u>.

Professional Discipline (check one below):

☒ Architect	☐ Electrical Engineer	☐ Mechanical Engineer	☐ Geotechnical Engineer	☐ Structural Engineer
☐ Civil Engineer	☐ Contractor	☐ Other (please specify):	Discipline:	

Outgoing Professional:

First Name:	
Last Name:	
License #:	
Business Name:	
Business Address:	
Mobile Phone:	
Email:	
Effective Date:	

Incoming Professional:

First Name:	
Last Name:	
License #:	
Business Name:	
Business Address:	
Mobile Phone:	
Email:	
Effective Date:	

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STEP 2:

SECTION 3: CERTIFICATION

The **Certifying Authority** prints their First Name, Last Name, Checks the appropriate box and provides Digital Signature and Date.

SECTION 3: CERTIFICATION

I certify that the above information is true and correct, and that the project contacts and/or licensed professionals listed are authorized to work on this UCDH project.

Name of Certifying Authority (Print First and Last Name):

[ ]

Certifying Authority's Role (check one):

☐ Project Manager
☐ Applicant
☐ Supervisor / Director / Authorized Representative for the Owner

Digital Signature (double-click to sign digitally):

X _____

Date:

[ ]

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STEP 3 – SAVE FILE:

FILE NAMING CONVENTION

1. Assistance is available Monday–Friday, 9:00 am – 4:00 pm PST, excluding California State holidays, by emailing:
   BuildingDeptPlanReview@health.ucdavis.edu

This form should be submitted in PDF Format ONLY			
Document Type	**File Naming Convention**	**File Naming (Example)**	**Description (Examples)**
Replace Contacts and Professionals	<Replace Contacts and Professionals >_<UCDHProject#>.pdf	Replace Contacts and Professionals _9559310.pdf	Example 1: Replace Architect Example 2: Replace Project Manager

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STEP 4 – UPLOAD:

UPLOAD INSTRUCTIONS

1. Upload the completed form by logging in to your Accela eServices Portal public user account.

2. Click on the Parent Project **Record Number**.

3. Navigate to the **Record Info** tab.

4. Select **Attachments** from the dropdown list.

5. Upload your form in **PDF format ONLY.**

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STEP 4: UPLOAD Continued...

UPLOAD INSTRUCTIONS

1. Select the **"Add Documents"** button.

2. Select **"Replace Project Contacts and Professionals"** from the dropdown list for the field *"Type"*.

3. Enter a brief description in the "**Description**" field as shown in the example to the right.

4. Select **"80-Project Documents"** for the field Virtual Folder.

5. Click on the **"Save"** button to upload your form.

Attachments

The maximum file size allowed is 400 MB. Please upload PDF files

Add Documents

*Type:
Replace Contacts and Professionals ▼

File:
Replace Contacts and Professionals_9551234.pdf
100%

Description:
Replace Architect

spell check

*Virtual Folders:
☐ 10-Initial Submittal
☐ 11-Backcheck-01
☐ 12-Backcheck-02
☐ 13-Backcheck-03
☐ 14-Backcheck-04
☐ 15-Backcheck-05
☐ 40-Approved Documents
☑ 80-Project Documents
☐ 90-Field Operations Documents (In Construction)
☐ 99-Project Closure Documents

Save **Add Documents** **Remove All**