## **BIOLOGICS LICENSE APPLICATION** Division 2, Chapter 4, California Health and Safety Code

## INSTRUCTIONS:

**DNS:** Complete this application, personnel report and return with required fee. Make check payable to "California Department of Public Health." Send to: **California Department of Public Health** 

## Laboratory Field Services 850 Marina Bay Parkway, Bldg. P, 1<sup>st</sup> Flr. Richmond, CA 94804

1	Che	ack type of facilit	y to which license wi	ll apply			2. If new facility, give da	te of one	aning
1.		Blood bank	Transfusion serv		er (specify)				sining
3		ne of facility			(opeeny)				
0.	rtan	lo of faointy							
4.	Add	ress (number, stre	et)			City		ZIP co	de
	Tele	phone number		Fax number		E-mail address		1	
	(	)		( )					
5.	5. If this application is being filed because of a change, indicate change						Effective date of change		
		Address	Owner M	ledical directed	or or person in charge of	production			
6.	Che	eck type of owne	rship						
		Individual	Partnership	Corporation	Other (specify city, co	unty, district, etc.	)		
7.	Exa	act name of own	er						
	a.	=							
		or other simila	r type of organization	i; or (4) hospita	al administrator, if facility own	ed and operated by	y hospital.		
		Name			Address (number, street)		City		ZIP code
	b. List all other members of partnership or members of corporation board of directors (use supplementary sheet if necessary).								
8.	Per	son(s) in charge	of biologics product	ion (medical di	rector, if blood bank)				
		Hours Per Week To Be							
	Name				Address (Number, Street)		ity, State, ZIP Code	Spent In This Facility	
							,		·····,
								-	
	_								
9.	Pro	ducts—List biolo	gic(s) to be produce	d under this lic	ense				

- 10. FOR NEW FACILITIES, attach description of facilities including (a) a description of the building with floor plan and (b) a list of equipment and apparatus used in production of biologics.
- 11. Complete enclosed personnel report and include with application.
- 12. a. List all off-site blood collection centers operating under this license.

Name	Address (Number, Street)	City, State, ZIP Code	Telephone Number
		1	

- b. Mobile units Yes No If yes, please indicate number of mobile units
- c. Off-site storage, processing, and/or distribution locations? Yes If yes, please indicate address and telephone number of each location.

Address (Number, Street)	City, State, ZIP Code	Telephone Number

No

I declare under penalty of perjury that the foregoing statements are true and correct; that I have read Division 2, Chapter 4 of the California Health and Safety Code; and Chapter 2, Subchapter 1, Group 1 of Title 17, California Code of Regulations; and that if a license is granted upon this application, the facility regulated by it will be conducted in accordance with the provisions of the aforementioned laws and regulations. I also certify that my connection with the above facility is bona fide, as shown, and that no subterfuge or mental reservation exists in connection with this application.

13. Certification of person named under 7.a.		
	Signature	Date
	Printed name	
14.	Certification of person named under 8.	
14.	Certification of person named under 8. Signature	Date
14.		Date
14.		Date

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