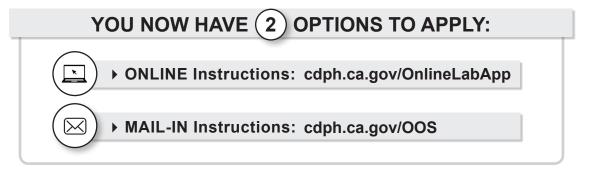
CLINICAL LABORATORY LICENSE APPLICATION FOR LABORATORIES LOCATED IN STATES OUTSIDE CALIFORNIA

Refer to California Business and Professions Code, Division 2, Chapter 3



A completed, signed, and dated form (including supporting documents) is acceptable in electronic format.

Are there any changes in your facility from the last time you applied? Yes * No *E.g.: Changes in director / owner. If yes, visit our website for additional requirements.

Name of Laboratory:

2. Legal Name of Corporation, district, or association owning laboratory (DBA): (Submit fictitious name permit, provide name of locality where permit is filed)

3. Tax ID: (required) 4	CLIA ID):	5. State ID:	6. Exp	iration Date:	
7. Physical Address:			8. Mailing Address:			
Number, Street:			Number, Street:			
Room/suite:			Room/suite:			
City:	State:	Zip Code:	City:	State:	Zip Code:	
Testing Site Contact Person:			Business Contact Person:			
Testing Site Email:		Business Email:				
Testing Site Phone:			Business Phone:			
9. LABORATORY OVER	SIGHT:					
STATE OVERSI	IGHT					
DEEMED STATUS * with the accrediting organization approved by the CDPH:						
AABB	ACH	C ASHI	CAP COLA	TJC		
*Submit proof of enrollment or a copy of the current certificate of accreditation.						

10. OWNERSHIP			
Sole Proprietorship	NonProfit (Submit proof)	Other ownership(specify):	
Limited Partnership (LP)	District		
General Partnership (GP)	City		
Limited Liability Partnership (LLP)	County		
Corporation	State		
Limited Liability Companies	Federal Government		
Unincorporated Association	Public Health		

[% Owned:] Name (Individual / Company):

Role:

Tax ID:

(Use supplementary sheets if necessary and use the same format.)

11. LABORATORY DIRECTOR			
hrs/wk Name of Laboratory Director	License	License	Association
on site: (First, Initial, Last):	Number:	Type:	Date:

(Use supplementary sheets if necessary and use the same format.)

Note:

This statement must be signed by the owner or a person legally authorized to bind the owner, and the laboratory director.

I declare that the foregoing statements are true and correct to the best of my knowledge and belief.

Signature of Laboratory Director: Print Name: Date:

Signature of Owner or Authorized Rep: Print Name: Date: