

8. Select type of ownership. Check (✓) and complete the name and address (Section 1211 of Business Professions Code). Use supplementary sheet if necessary.

Individual

Partnership (general or limited). List name(s) and address(s) of all members of the partnership.

Corporation. List names of officers, directors, shareholders holding a 5% interest in the corporation, and any person, partnership, or corporation who or which has the responsibility to manage or conduct the day-to-day operation of the laboratory.

Unincorporated Association

District, City, County, or State

Other (specify) (if nonprofit, submit proof of nonprofit status):

Name	Address	City	State	Zip Code
Name	Address	City	State	Zip Code
Name	Address	City	State	Zip Code

9. Laboratory Director(s) (M.D., D.O.)

Hour Per
Week
on site

Name	Address	City	State	Zip Code	
Name	Address	City	State	Zip Code	
Name	Address	City	State	Zip Code	

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.

Laboratory Director Signature	Print Name	Title	Date
Owner Signature	Print Name	Title	Date