

APPLICATION FOR INITIAL CLINICAL LABORATORY REGISTRATION

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

YOU NOW HAVE 2 OPTIONS TO APPLY:▶ **ONLINE Instructions:** cdph.ca.gov/OnlineLabApp▶ **MAIL-IN Instructions:** cdph.ca.gov/MailinLabApp**Name of Laboratory:****Legal Name of Corporation, district, or association owning laboratory (DBA):***(Submit fictitious name permit, provide name of locality where permit is filed)***CLIA ID:** *(leave blank if applying)* **Tax ID:** *(required)***Type of Certificate Requested:**

Waiver

PPMP

Physical Address:

Number, Street:

Room/suite:

City:

State:

Zip Code:

Mailing Address:

Number, Street:

Room/suite:

City:

State:

Zip Code:

Testing Site Contact Person:**Testing Site Email:****Testing Site Phone:****Business Contact Person:****Business Email:****Business Phone:****LABORATORY OVERSIGHT:**

STATE OVERSIGHT

DEEMED STATUS* with the accrediting organization approved by the CDPH:

AAHHS/HFAP**AABB****CAP****COLA****TJC****Submit proof of enrollment or a copy of the current certificate of accreditation.*

OFFICE USE:

Check #:

Amount:

APL -

STATE ID:

OWNERSHIP

Sole Proprietorship

NonProfit (*Submit proof*)

Other (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.)

LABORATORY DIRECTOR

hrs/wk
on site:

Name of Laboratory Director
(First, Initial, Last):

License
Number:

License
Type:

Association
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: