

# APPLICATION FOR INITIAL CLINICAL LABORATORY LICENSE

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

## YOU NOW HAVE **2** OPTIONS TO APPLY:



▶ **ONLINE Instructions:** [cdph.ca.gov/OnlineLabApp](http://cdph.ca.gov/OnlineLabApp)



▶ **MAIL-IN Instructions:** [cdph.ca.gov/MailinLabApp](http://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)*

**Type of Certificate Requested:**

Certificate of Compliance

Certificate of Accreditation

**Total Estimated Annual Test Volume:**

**CLIA ID:** *(leave blank if applying)*

**Tax ID:** *(required)*

### Physical Address:

Number, Street:

Room/suite:

City:

State: Zip Code:

Testing Site Contact Person:

Testing Site Email:

Testing Site Phone:

### Mailing Address:

Number, Street:

Room/suite:

City:

State: Zip Code:

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:

[Input fields for Office Use: Check #, Amount, APL -, STATE ID]

## OWNERSHIP

|                                     |                                   |                  |
|-------------------------------------|-----------------------------------|------------------|
| Sole Proprietorship                 | NonProfit ( <i>Submit proof</i> ) | 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<br>on site: | Name of Laboratory Director<br>(First, Initial, Last): | License<br>Number: | License<br>Type: | Association<br>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: