

10. OWNERSHIP

Sole Proprietorship	NonProfit (<i>Submit proof</i>)	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:
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(Use supplementary sheets if necessary and use the same format.)

11. LABORATORY DIRECTOR

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