



APPLICATION FOR RENEWAL CLINICAL LABORATORY LICENSE

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

YOU NOW HAVE **2** OPTIONS TO RENEW:

	▶ ONLINE Instructions: cdph.ca.gov/OnlineLabRenew
	▶ MAIL-IN Instructions: cdph.ca.gov/MailinLabApp

Please note: Choose one method only (online or mail-in) when submitting your renewal application to avoid delays. For more information, go to the links provided on this form or contact us at (510) 620-3800 or email: LFScc@cdph.ca.gov

State ID: _____ **Expiration Date:** _____ **Current Tax ID:** _____ **CLIA ID:** _____

Total Number of Secondary Sites to Renew: _____ *(Attach LAB 144B to update secondary site information.)*

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)

Physical Address:

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:

TYPE OF CERTIFICATE:

Certificate of Compliance

Certificate of Accreditation

LABORATORY OVERSIGHT:

STATE OVERSIGHT

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

AABB ACHC ASHI CAP COLA TJC

**Submit proof of enrollment or a copy of the current certificate of accreditation.*

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:	<i>Name (Individual / Company):</i>	Role:	Tax ID:
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(Use supplementary sheets if necessary and use the same format.)

LABORATORY DIRECTOR

<i>hrs/wk on site:</i>	<i>Name of Laboratory Director (First, Initial, Last):</i>	<i>License Number:</i>	<i>License Type:</i>	<i>Association Date:</i>
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(Use supplementary sheets if necessary and use the same format.)

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: