

FORM A

APPLICATION FOR METHADONE DRUG ANALYSIS LABORATORY LICENSE

Instructions:

- a) Type or print in ink. Attach additional pages if necessary.
- b) For regulations relating to this application, refer to the *California Code of Regulations, Title 17, Sections 1160 -1196.*
- c) This application must include: (1) One completed Form A; (2) One completed Form B for each person employed by the applicant laboratory as a Methadone Drug Analysis Supervisor; (3) One completed Form C; (4) One completed Form D; (5) One completed method; and (6) Application fee or exemption claim
- d) Send completed application and application fee to: **California Department of Public Health
850 Marina Bay Parkway, G365
Richmond, CA 94804-6403
Attn: Food and Drug Laboratory Branch**

(NOTE: Call the Food and Drug Laboratory Branch for the exact amount of the fee, e.g., \$530.43 for Fiscal Year 2016-2017. A laboratory may be exempt from the fee as specified in Item 6 below.)

1. Name of laboratory (exactly as desired on license):

Street	City	Zip	Tel. No. ()
Mailing Address (if different from above)	City	Zip	Tel. No. ()

2. Type of ownership:

- Individual Partnership
 Corporation Government Agency Other (Association, Company, etc.)

Full name of owner, one partner or administrator:

3. Exact name of corporation, government agency, or association owning laboratory:

4. Full name of person responsible for the Operation of this Methadone Drug Analysis Laboratory:

5. For each person who will be employed by the applicant laboratory as a Methadone Drug Analysis Supervisor, submit a completed Form B qualification form. List below the name of each person:

NAME	NAME

6. Section 1181 requires that a laboratory operated by the state, city or other public organizations shall be exempt from the application fee requirement. If this laboratory is exempt from the application fee, describe the basis for exemption:

I declare that this laboratory does not employ or utilize the services of a patient of any methadone program in, nor permit any such patient access to, any of it's activities involving urinalysis or other body fluids testing for any methadone program.

I declare under penalty of perjury that all statements on this application, including all attachments are true and correct; that I have read and understand the above listed sections of the California Code of Regulations; and that if a license is granted upon this application, the laboratory regulated by it will be conducted in accordance with the provisions of the aforementioned rules and regulations. I also certify that my connection with the above laboratory is bona fide, as shown, and that no subterfuge or mental reservation exists in connection with this application.

7. CERTIFICATION BY PERSON NAMED IN ITEM 2:

8. CERTIFICATION BY PERSON NAMED IN ITEM 4:

Signature

Date

Signature

Date

9. Be sure that all the required elements are submitted. Check the items below to demonstrate that you have reviewed and found them to be included.

- Form A is completed and signed.
 One completed Form B qualifications form for each of the persons named in Item 5.
 Form C is completed.
 Form D is completed.
 Form E is completed and a complete, detailed written description for each methadone drug analysis method provided.
 Application fee is enclosed, or the exemption claim (Item 6) is completed.