

BIOLOGICS LICENSE APPLICATION

Division 2, Chapter 4, California Health and Safety Code

INSTRUCTIONS: Complete this application, personnel report and return with required fee.
Make check payable to "California Department of Public Health."

Send to: **California Department of Public Health**
Laboratory Field Services
850 Marina Bay Parkway, Bldg. P, 1st Flr.
Richmond, CA 94804

1. Check type of facility to which license will apply Blood bank Transfusion service Other (specify) _____	2. If new facility, give date of opening
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3. Name of facility _____

4. Address (number, street)	City	ZIP code
Telephone number ()	Fax number ()	E-mail address

5. If this application is being filed because of a change, indicate change Address Owner Medical director or person in charge of production	Effective date of change
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6. Check type of ownership
Individual Partnership Corporation Other (specify city, county, district, etc.) _____

7. Exact name of owner _____

a. Give name and address of (1) individual, if individual applying; (2) one member of partnership, if partnership; (3) president or secretary, if corporation or other similar type of organization; or (4) hospital administrator, if facility owned and operated by hospital.

Name	Address (number, street)	City	ZIP code
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b. List all other members of partnership or members of corporation board of directors (use supplementary sheet if necessary).

8. Person(s) in charge of biologics production (medical director, if blood bank)

Name	Address (Number, Street)	City, State, ZIP Code	Hours Per Week To Be Spent In This Facility

9. Products—List biologic(s) to be produced under this license

