

CLINICAL LABORATORY LICENSE APPLICATION

FOR LABORATORIES LOCATED IN STATES **OUTSIDE CALIFORNIA**

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

Instructions:

- 1 Instructions for filling out this form as part of a complete application packet can be found on our website: <https://go.usa.gov/xPJP9> (cAsE sensitive)
- 2 Include payment (check or money order) with the application. Do not send cash. Make checks payable to: "California Department of Public Health" View fee schedule: <https://go.usa.gov/xPMxP> (cAsE sensitive)
- 3 Mail all required forms, fees, and supporting documents to: **California Department of Public Health Laboratory Field Services**
Attention: Out-of-State Licensing
850 Marina Bay Parkway,
Building P-1st Floor
Richmond, CA 94804-6403

 All forms must be completed, filled out, and dated signatures must be original to prevent processing delays. Supporting documents may be submitted in an electronic format.

IMPORTANT: Are there any changes in your facility from the last time you applied? **Yes*** **No**
*e.g. changes in director, owner, address, etc. If yes, view our website for additional requirements.

1. Name of Laboratory **2. Tax ID Number**

--	--

3. CLIA ID Number **4. State ID Number (if known)** **5. State ID Expiration Date (if known)**

	<small>(COS-xxxxxx or CDS-xxxxxx)</small>	<small>(mm/dd/yyyy)</small>

6. Location Address (Number, Street, Suite, Attention)

<small>City</small>	<small>County</small>	<small>State</small>	<small>Zip Code</small>

7. Legal name of corporation, district, or association owning laboratory

8. Laboratory Oversight

I choose **STATE OVERSIGHT**.

I choose **DEEMED STATUS** with the following accrediting organization approved by the CDPH:
Submit proof of enrollment or a copy of the current certificate of accreditation with this application.

- | | |
|--|--|
| <input type="checkbox"/> COLA (California Organization of Laboratory Accreditation) | <input type="checkbox"/> CAP (College of American Pathologists) |
| <input type="checkbox"/> TJC (The Joint Commission) | <input type="checkbox"/> AABB (American Association of Blood Banks) |

9. Contact Details

<small>E-mail</small>	<small>Telephone Number</small>

Mailing Address (if different than the location address) (Number, Street, Suite, Attention)

<small>City</small>	<small>County</small>	<small>State</small>	<small>Zip Code</small>

10. OWNER(S) Select type of ownership and owner's information. *(Reference: Section 1211 of Business Professions Code)*

- Individual**
- Partnership (general or limited).** List names & addresses of all members of the partnership.
- Corporation.** List any person or entity holding an interest of 5% or more in the laboratory. Include any person, group, partnership, or company with the responsibility to manage or conduct the day-to-day operation of the laboratory.
- Unincorporated Association**
- District, City, County, or State**
- Nonprofit.** *Submit proof of nonprofit status*
- Other (specify)**

% OWNED	NAME (Owner/s)	ADDRESS (number, street)	CITY	STATE	ZIP CODE

(Use supplementary sheet if necessary)

11. LABORATORY DIRECTOR(S)

HOURS PER WEEK ON SITE	NAME (Director/s)	ADDRESS (number, street)	CITY	STATE	ZIP CODE

(Use supplementary sheet if necessary)

REMARKS:

I DECLARE THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.
(This statement must be signed by the laboratory director and the owner or a person legally authorized to bind the owner)

SIGN IN INK. PHOTOCOPIED OR FAXED SIGNATURES ARE NOT ACCEPTED.

SIGNATURE (LABORATORY DIRECTOR)	PRINT NAME	TITLE	DATE

SIGNATURE (OWNER/AUTHORIZED REPRESENTATIVE)	PRINT NAME	TITLE	DATE