

This form, LAB 176, has been discontinued.

LAB 176 form is no longer required to request a duplicate license certificate. Effective **October 7, 2019**, we will email the certificates in a PDF format, which can be downloaded and printed as often as needed.

You can request a PDF certificate by emailing us at:

LFScc@cdph.ca.gov

Visit our website for the latest information:

www.cdph.ca.gov/LFS

Click on *Clinical Laboratory Facilities*

State of California -- Health and Human Services Agency

California Department of Public Health
Laboratory Field Services

DUPLICATE LICENSE APPLICATION

Use this form to request for a duplicate facility license or registration certificate copy only. Do NOT use this form to renew or submit changes concerning your facility. Visit our website for more information:

<http://www.cdph.ca.gov/LFS>

INSTRUCTIONS:

- FORM:** Complete this form, sign and date. An incomplete form might delay this request.
- FEE:** Enclose a \$17.00 check/money order (do not send cash). Make payable to "California Department of Public Health." Write your site's license or registration number on the check/money order. (e.g. CLR 123456)
- SEND:** Mail to:

California Department of Public Health
Laboratory Field Services (Facilities Licensing)
850 Marina Bay Parkway
Building P, 1st Floor
Richmond, CA 94804

LABORATORY NAME:		
LICENSE/REGISTRATION NUMBER: (Prefix Number, e.g. CLR 123456)	EXPIRATION DATE (Valid Until)	
Provide facility address for verification. Please note: the requested copy will be mailed to the mailing address on file.		
FACILITY LOCATION ADDRESS: (Number, Street, Bldg., Suite)		
CITY:	STATE:	ZIP CODE:

<input type="checkbox"/> CHECK NUMBER:	AMOUNT REMITTED: (Fee is \$17.00)
<input type="checkbox"/> MONEY ORDER:	

NAME OF CONTACT PERSON REQUESTING:	EMAIL:
SIGNATURE: _____	DATE

NOTE: Effective January 1, 1997, the Governor's Executive Order Number B-22-76 became operational. The order is intended to protect the privacy of individuals by regulating the gathering and maintenance of personal data. The information requested on this form is mandatory and authorized under the provisions of Chapter 3, Division 2 of the Business and Professions Code and Chapter 2, Title 17 of the California Code of Regulations. Mandatory information is used to properly identify an applicant and to determine an individual's eligibility for licensure. Failure to provide such information will preclude acceptance of your application. You have the right to review your file, which is maintained by the Chief, Laboratory Field Services, California Department of Public Health. For information, you can call (510) 620-3800 or email LFSrecep@cdph.ca.gov.

ADMIN USE ONLY	LICENSE #:	DATE ISSUED:
FEE: \$	DUPLICATE #:	DATE ISSUED: