PAYMENT REQUEST

Complete this sheet to request LFS to apply your check or money order to your online application. Only applications that are in "Pending-Payment" status will have payment applied. Please provide your application ID and payment information below.
Fees are nonrefundable.

LAB NAME:

STATE ID: **CLIA ID:**

EMAIL:

▸ PAYMENT FOR:

(system-generated application ID)

New Facility Application: ▸ **APL -**		Registration	License
Renewal Application: ▸ **RNL -**		Registration	License
Add Secondary Site: ▸ **AMS -**		Registration	License

▸ ENCLOSED: **Amount: $**

Check Number:

Money Order Number:

Payable to: *California Department of Public Health*   **Note:** *Do not provide credit card information.*

Note:

Name (First, Last)   Signature   Date

MAIL TO:

California Department of Public Health
Laboratory Field Services
Attention: Facility Licensing
850 Marina Bay Parkway
Bldg. P, 1st Floor
Richmond, CA 94804-6403

ADMIN USE:

Received on: _____

Processed by: _____

Status: Payment applied.
             Incomplete payment information.
             Other: _____