

Departmental Use Only
Cert. No. _____
Temp. Cert. _____
Annual Cert. _____



STATE OF CALIFORNIA
 DEPARTMENT OF FOOD AND AGRICULTURE
 ANIMAL HEALTH AND FOOD SAFETY SERVICES
 1220 N STREET, SACRAMENTO, CA 95814
 TELEPHONE: (916) 900-5002



California Animal Health Laboratory Certification Program Application

In accordance with [Division 5, Part 1, Chapter 1, Article 3.5, Sections 9151 – 9158, of the California Food and Agricultural Code.](#)

Please print or type information in spaces where indicated. Complete ALL sections.

Application: Initial Renewal

Name of Business/Laboratory		Phone #	
Point of Contact (POC)			
Email Address of POC		Position/Title of POC	
Location of Business		State	Zip
Mailing Address (if different)		State	Zip
Exempt Status? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF Exempt: Provide criteria, sign and submit. IF Non-Exempt: Complete ALL Sections and submit with supporting documentation	
Exemption Criteria			
AAVLD Accreditation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
AAVLD Accreditation #		Exp. Date	
ISO 17025 Certification? <input type="checkbox"/> Yes <input type="checkbox"/> No			
ISO 17025 Certification #		Exp. Date	

Emergency/Regulatory Disease Diagnostic Tests Performed **in accordance with ISO 17025 Certification Standards:** (see reportable disease list attached and fill table below)

Emergency/Regulator Disease	Test Method (ELISA, PCR, etc.)	Sample Type (Serum, etc.)	Species (Bovine, etc.)

I hereby certify that the information submitted in this application is true and correct to the best of my knowledge and belief.

SIGNATURE OF AUTHORIZED REPRESENTATIVE	OFFICIAL TITLE	DATE
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Application fees are due at the time of submission. Refer to table to calculate payment.

Fee Schedule: Calculate your fees here

1. Annual Fee				1a.	\$1,000
2. Prorated Fees: Fees are prorated at a rate of \$83.33/month in accordance with the month following application submission for a partial year	<u>Month Submitted</u>	<u>Month Effective</u>	<u>Prorated Fee</u>	2a. <input type="checkbox"/> Please check this box if you qualify for prorated certification fees	
	January	February	\$ 916.63		
	February	March	\$ 833.30		
	March	April	\$ 749.97		
	April	May	\$ 666.64		
	May	June	\$ 583.31		
	June	July	\$ 499.98		
	July	August	\$ 416.65		
	August	September	\$ 333.32		
	September	October	\$ 249.99		
October	November	\$ 166.66			
3. Total Fees Due				3a. Total Due	

EMAIL APPLICATION TO: CDFA.AHB_labprogram@cdfa.ca.gov; AND, FORWARD A COPY OF APPLICATION WITH CHECK OR MONEY ORDER PAYABLE TO: "CDFA-916" TO:

**CASHIER
 CDFA - Animal Health Branch
 P.O. Box 942881
 ATTN:CDFA-916
 Sacramento, CA 94271**

NOTE: Allow three to four weeks for application processing

For all additional questions or inquiries, please contact: CDFA.AHB_labprogram@cdfa.ca.gov or visit the program website at www.cdfa.ca.gov/ahfss/animal_health/cahlcp for more resources.