



**LICENSED LABORATORY
REQUEST FOR OFF-SITE
TESTING APPLICATION**

Division of Public and Behavioral Health
727 Fairview Drive, Suite E
Carson City, Nevada 89701
Phone: (775) 684-1030 Fax: (775) 684-1075
Website: <http://dpbh.nv.gov/Reg/RegulatoryPgms/>

This application must be accompanied by a check for \$300.00 per event made payable to the Nevada State Treasurer. Under Nevada Administrative Code (NAC) 652.488 the fee is nonrefundable. Insufficient funds charge: \$25.00 per NAC 353C.400. Regulations may be viewed at <http://leg.state.nv.us>.

REQUEST FOR LICENSING OF HEALTH FAIRS AND OTHER HEALTH RELATED SPECIAL EVENTS MUST BE RECEIVED BY THIS OFFICE **NO LATER THAN (10) CALENDAR DAYS PRIOR TO INTIAL DATE OF TESTING.**

The fee for licensure is \$300.00 per application. One application per event location.

LABORATORY INFORMATION

Licensed Laboratory Name and License #
Phone Number (starting with the area code)
Address
City
County
State
Zip Code
Name of Licensed Laboratory Director

OFF-SITE TESTING INFORMATION

Date/Time:
Location
Address
City
County
Test(s) to be performed
Name of general supervisor on site
Name of technologist(s)/technician(s)/assistant(s) performing off-site testing (attach list if necessary)

MUST BE NOTARIZED BELOW

Lab Physician/Director's Signature	_____		
	Please PRINT <u>and</u> SIGN Name Must be an ORIGINAL: photocopies or signature stamps are not acceptable.		
Name and Signature of Notary:	_____	Date:	_____
State of:	_____	County of:	_____
Subscribed and sworn before me this:	_____	Day of:	_____

<u>For Official Use Only:</u>
