

## LABORATORY DIRECTOR PROOF OF IDENTITY

**PLEASE COMPLETE ONE OF THE OPTIONS BELOW: OPTION 1 or OPTION 2**

### **OPTION #1 – SUBMIT COPY OF LABORATORY DIRECTOR’S GOVERNMENT ISSUED ID**

Log into the system and upload a copy of the Laboratory Director’s government issued identification. You may upload a copy of the Laboratory Director’s:

- Driver’s license;
- Passport; or
- An identification card issued by the Department of Motor Vehicles

Check “**View Pending Online Application(s)**” – click on “View Details” and use the Documents link to upload your document.

If you are not able to upload the director’s proof of identity it can be mailed, faxed, or emailed to our office. Please ensure the online transaction number is noted on the document.

**Email:** pbhmedlabs@health.nv.gov

**Fax:** 775-684-1073

**Mailing Address:**

Division of Public and Behavioral Health  
Medical Laboratories Services  
727 Fairview Drive, Suite E  
Carson City, NV 89701

**OPTION #2 – NOTARIZED SIGNATURE** - Submit the Laboratory Director’s notarized signature.

**I declare under penalty of perjury that the laboratory application information submitted for the Online Transaction Number noted below is true and correct.**

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

Laboratory Name: \_\_\_\_\_ Name of Laboratory Director: \_\_\_\_\_

Online Transaction Number: \_\_\_\_\_

Have the form notarized and submit the completed form to:

Division of Public and Behavioral Health  
Medical Laboratories Services  
727 Fairview Drive, Suite E  
Carson City, NV 89701