

**City of Los Angeles
Department of Building and Safety**

Review for Renewal of Electrical Testing Laboratory Recognition

Please complete and return this questionnaire with the application for renewal and renewal fee no later than thirty (30) days prior to an expiration date of your license.

Please answer all questions and return to:

City of Los Angeles
Department of Building & Safety
Attn: Electrical Engineering Section
201 N Figueroa St, Suite #500
Los Angeles, CA 90012

- | | | |
|------------|-----------|--|
| Yes
() | No
() | 1. Change in the name or ownership of the company, office or laboratory location (if yes, explain changes). |
| () | () | 2. Change in the responsible personnel such as: president, vice president, laboratory director, supervisor, or electrical P.E. (If yes, explain changes and indicate name and brief history of the work experience and education). |
| () | () | 3. Change in materials or products tested (if yes, specify changes and list new testing equipment). |

PLEASE ATTACH ALL INFORMATION ON CHANGES

Name	Signature of Responsible Person	Position	Date
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City of Los Angeles

FILE NO. _____

Department of Building and Safety

Engineering Bureau - Electrical Engineering Section

APPLICATION FOR APPROVAL AS A TESTING AGENCY

FEES (Effective 2/1/2017)					
New Application		Renewal Application		Modification to Approval	
Main Laboratory	For each Additional Branch	Main Laboratory	For each Additional Branch	Technical	Clerical
\$1,153.00 + \$103.77 = \$1,256.77	\$684.00 + \$61.56 = \$745.56	\$865.00 + \$77.85 = \$942.85	\$252.00 + \$22.68 = \$274.68	\$865.00 + \$77.85 = \$942.85	\$252.00 + \$22.68 = \$274.68
<ol style="list-style-type: none"> 1. Address all communications to: Department of Building and Safety, Electrical Engineering Section, 201 N. Figueroa St., 5th Floor, Los Angeles, CA 90012, (213) 482-0052 2. On-site review shall be charged at the rate of \$108 plus a 9% surcharge per hour for normal working hours. Off-hour site review shall be charged at the rate of \$108 plus 9% surcharge per hour times one and one half. 3. Processing time shall include all activities directly related to the approval of Testing Agencies and shall include all research, review, correspondence, clerical and consultation time pertinent to the application. 4. The Department may require an estimated supplemental fee to cover the time and travel expense which shall be paid at the time of filing the application and/or before any travel to laboratories outside of the State of California; however, the supplement fee shall be paid in full prior to the final action by the Department. 5. LAMC 98.0416 requires a 9% surcharge to the fees listed above. 				FOR CASHIER USE ONLY	
<ol style="list-style-type: none"> A. A check or money order payable to "City of Los Angeles" for the amount in the above schedule shall be submitted with this application. B. For first time (new) applications, submit copy of substantiating date, i.e., personnel, list of equipment, conflict of interest, certificate of incorporation, standards to which you test, listing catalogues, organization charts and any further supportive information. If your organization is nonprofit or not for profit, provide proof of that status. C. By the signatures below, the applicant agrees to pay supplemental fees at the rate of \$108.00 plus 9% surcharge per hour to cover the time of processing (5) which is in excess of the time provided for in the approval, renewal or modification fee. D. Fees for auto, air travel & per diem, shall be reimbursed to the City per Section 96.205 (i) of the Los Angeles Municipal Code. E. The fees, including supplemental fees, and application fees are not refundable once work has been performed by the Department, regardless of whether the action taken is approval or denial of approval. 					
Laboratory's Name: _____ Mailing Address: _____				Check appropriate box TESTING AGENCY: <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Fire Protection	
Name of Applicant: _____		Title: _____		DEPARTMENTAL USE ONLY Processing Fee _____ Surcharge _____ Total Fee _____ Verified _____ Date _____	
Signature: _____		Date: _____			
Telephone No. _____ Ext. _____		E-Mail Address: _____			
Telephone No. _____ Ext. _____		Fax No. _____			
Address of Facilities: _____ Other Than Above (Submit a separate application for each address)					
Name of Owner / Corporate Officer: _____				Title: _____	
Signature: _____				Date: _____	