

City of Los Angeles

Department of Building and Safety (LADBS)

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
2319 Dorris Place
Los Angeles, CA 90031

- | 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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FILE NO. _____

**City of Los Angeles
Department of Building and Safety
Engineering Bureau - Electrical Testing Laboratory
APPLICATION FOR APPROVAL AS A TESTING AGENCY**

FEES (Effective 5/1/2013)

New Application		Renewal Application		Modification to Approval	
Main Laboratory	For each Additional Branch	Main Laboratory	For each Additional Branch	Technical	Clerical
Item 1, 4, 7 \$1,153.00 + \$23.06 + \$69.18 = \$1,245.24	Item 1, 4, 7 \$684.00 + \$13.68 + \$41.04 = \$738.72	Item 3, 4, 7 \$865.00 + \$17.30 + \$51.90 = \$934.20	Item 3, 4, 7 \$252.00 + \$5.04 + \$15.12 = \$272.16	Item 3, 4, 7 \$865.00 + \$17.30 +\$51.90 = \$934.20	Item 3, 4, 7 \$252.00 + \$5.04 + \$15.12 = \$272.16

1. Includes 4 hours of Department processing time. (5)
2. Includes 1.5 hours of Department time. (5)
3. Includes 3 hours of Department processing time. (5)
4. On-site review shall be charged at the rate of \$108 plus a 2% & 6% surcharge per hour for normal working hours. Off-hour site review shall be charged at the rate of \$108 plus 2% & 6% surcharge per hour times one and one half.
5. Processing time shall include those activities directly related to the approval of Testing Agencies for which an application has been made and shall include all research, review, correspondence, clerical and consultation time pertinent to the application.
6. 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.
7. LAMC 98.0416 requires a 2% & 6% surcharge to the fees listed above.

FOR CASHIER USE ONLY

- A. Address all communications to the Department of Building and Safety, Electrical Testing Laboratory, 2319 Dorris Place, Los Angeles, California, 90031, Telephone: (323) 224-2168
- B. A check or money order payable to the "The Department of Building and Safety" for the amount in the above schedule shall be submitted with this application.
- C. 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.
- D. By the signatures below, the applicant agrees to pay supplemental fees at the rate of \$108.00 plus 2% & 6% 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. Fees for auto and air travel, and 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: _____		Check appropriate box TESTING AGENCY: Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Fire Protection <input type="checkbox"/>
Mailing Address: _____		
Telephone No. _____ Ext: _____		
Fax No. _____ E-Mail Address: _____		
Address of Facilities: _____ Other Than Above (Submit a separate application for each address)		DEPARTMENTAL USE ONLY
Name of Applicant: _____ Title: _____		Processing Fee _____ Surcharge _____
Signature: _____ Date: _____		Total Fee _____
Name of Owner / Corporate Officer: _____ Title: _____		Verified _____ Date _____
Signature: _____ Date: _____		