

**Designation of Administrative Responsibility****INSTRUCTIONS FOR COMPLETION OF THIS FORM****Return completed form to the address below:**

Licensing and Certification Division  
Licensing and Certification Section, MS 2600  
PO Box 997413  
Sacramento, California 95899-7413  
Email: [LCDQuestions@dhcs.ca.gov](mailto:LCDQuestions@dhcs.ca.gov)

**DO NOT LEAVE** any questions, boxes, lines, or fields blank. Enter N/A if not applicable to you.

**For hard-copy submissions:**

The form and all supportive documentation must be printed single sided, with 12-point font on 8 1/2" by 11" white paper.

**DO NOT USE** staples on this form or on any attachments.

**DO NOT SUBMIT** doubled sided or bound documents.

**DO NOT USE** plastic sheets or page protectors, correction tape, white out, or highlighter pen or ink of a similar type on this form. If you must make corrections, please line through, date, and initial in ink.

**PLEASE NOTE:** Read all the instructions included on this form carefully and complete each item requested. For additional information regarding licensure of a residential alcoholism or drug abuse recovery or treatment facility providing alcoholism or drug abuse treatment or recovery services, please review Health and Safety Code section 11834.01 *et seq.* For additional information regarding the certification of an alcohol and other drug program providing alcohol and other drug (AOD) services, please review Health and Safety Code section 11832 *et seq.* This form can be used for licensure of a residential alcoholism or drug abuse recovery or treatment facility and/or certification of an alcohol and other drug program. Accordingly, terminology applicable for licensure (including “resident” and “facility”) and terminology applicable for certification (including “client” and “program”) are both referenced within this form.

**BUSINESS ENTITY INFORMATION****This section must be completed by all applicants.**

**Business Entity Name** - Enter the business entity name. This should be the legal entity name as filed with the Secretary of State (SOS) as specified below:

**Corporation** - For a corporation, enter the name exactly as it is filed with the SOS and as it appears on the entity’s Articles of Incorporation.

**Nonprofit Corporation** - For a nonprofit corporation, enter the name exactly as it is filed with the SOS and as it appears on the entity’s Articles of Incorporation.

**Partnership or Limited Partnership (LP)** - For a partnership or LP, enter the name of the partnership exactly as it is filed with the SOS on the Statement of Partnership Authority or Certificate of Limited Partnership, respectively.

**Limited Liability Company (LLC)** - For a LLC, enter the name exactly as it is filed with the SOS and as it appears on the entity’s Articles of Organization.

**Sole Proprietor** - For a sole proprietor, enter the full legal name of the sole proprietor.

**Governmental Agency** - For a governmental agency, enter the name of the governmental agency.

If the business entity has filed any of the above-mentioned documents with the SOS, you can look up your business entity's name on the SOS website at: <https://www.sos.ca.gov/>. The business entity's status with the SOS must remain valid and active.

**Facility/Program Name** - Enter the name of the facility or program. Do not include the business entity name in this box unless the facility or program name is the same as the business entity name. Do not include the words or abbreviation for "Doing Business As," unless you intend to use those words or the abbreviation in the facility or program's name.

**Facility License and/or Program Certification Number** – Enter the facility license or program certification number, if applicable.

**Facility/Program Street Address** – Enter the physical street address of the facility or program.

**Room/Suite** – Enter the room or suite number of the facility or program. If not applicable, enter N/A.

**City** – Enter the city of the facility or program.

**State** – This field is pre-filled to California. The Department only licenses facilities or certifies programs physically located in California.

**Zip Code** - Enter the zip code of the facility or program.

**Business Phone Number** - Enter the business phone number of the facility or program, including an extension, if any.

**Business Email Address** - Enter the business email address of the facility or program.

**Business Entity Website Address** - If the business entity has a website, enter the business entity's website address. If not applicable, enter N/A.

**Facility/Program Website Address** – If the facility or program has a website (that is different from the business entity website), enter the facility or program website address. If not applicable, enter N/A.

**Administrative/Corporate Mailing Address** – Enter the business entity's mailing address. A post office box or commercial box may be used as an administrative/corporate mailing address. If not applicable, enter N/A.

**Room/Suite** - Enter the room or suite number of the administrative/corporate mailing address. If not applicable, enter N/A.

**City** - Enter the city of the administrative/corporate mailing address.

**State** - Enter the state of the administrative/corporate mailing address.

**Zip Code** - Enter the zip code of the administrative/corporate mailing address.

### DESIGNATED AGENT(S) INFORMATION

Enter the contact information of the person(s) designated as an agent of the facility or program. (Pursuant to California Code of Regulations, Title 9, Section 10501 and the Alcohol and Other Drug Certification Standards, the term “agent” is defined as follows: “Agent” means a person who has been delegated the authority to obligate or act on behalf of an applicant or licensee).

**Name** - Enter the first and last name of the designated agent(s).

**Title** - Enter the title or position of the designated agent(s) (i.e., program director, executive director, etc.).

**Salutation** - Enter the salutation of the designated agent(s) (i.e., Mr., Mrs., Dr., etc.).

**Business Phone Number** - Enter the business phone number of the designated agent(s), including an extension, if any.

**Business Email Address** - Enter the business email address of the designated agent(s).

### CONTACT PERSON INFORMATION

Enter the contact information of the person you want the Department to contact regarding this document.

**Name** - Enter the first and last name of the contact person.

**Title** - Enter the title or position of the contact person (i.e., program director, executive director, etc.).

**Salutation** - Enter the salutation of the contact person (i.e., Mr., Mrs., Dr., etc.).

**Business Phone Number** - Enter the business phone number of the contact person, including an extension, if any.

**Business Email Address** - Enter the business email address of contact person.

### DECLARATION

**Print Name** – Enter the first and last name of the individual signing the form.

**Title** – Enter the title of the individual signing the form.

**Signature** – Sign the form.

**Date** – Enter the date that the form is signed.

**BUSINESS ENTITY INFORMATION**

Business Entity Name:		
Facility/Program Name:		
Facility License and/or Program Certification Number:		
Facility/Program Street Address:		Room/Suite:
City:	State: CALIFORNIA	Zip Code:
Business Phone Number:	Business Email Address:	
Business Entity Website Address:		
Facility/Program Website Address:		
Administrative/Corporate Mailing Address:		Room/Suite:
City:	State:	Zip Code:

**DESIGNATED AGENT(S) INFORMATION**

Name:	Title:	Salutation:
Business Phone Number:	Business Email Address:	
Name:	Title:	Salutation:
Business Phone Number:	Business Email Address:	

**CONTACT PERSON INFORMATION**

Name:	Title:	Salutation:
Business Phone Number:	Business Email Address:	

**DECLARATION**

I declare under penalty of perjury under the laws of the State of California that the foregoing information and any attachment is true, accurate, and complete to the best of my knowledge and belief. I hereby further declare that I will comply with the statutes, regulations and standards that govern the operation of this facility or program.

I declare that I am authorized to sign this form.

Print Name:

Title:

Signature:

Date:

**PRIVACY NOTICE ON COLLECTION**

The purpose of this form is to collect information for licensure and/or certification of residential alcoholism and drug abuse recovery or treatment facilities, or certification of alcohol and other drug programs. The information collected in this form is required by the Department of Health Care Services (Department), Licensing and Certification Division, Substance Use Disorder Licensing and Certification Section by the authority of Health and Safety Code, Sections 11832 et seq. and 11834.01 et seq. The personal information collected in this form is confidential and protected by the Information Practices Act (California Civil Code 1798, et seq.), Department policy, and state policy.

All information requested in this form is mandatory. The consequence of not supplying the mandatory information requested or supplying incomplete information is that review of the application shall be terminated. The Department may share provided information with other state agencies to perform its constitutional or statutory duties where the use is compatible with a purpose for which the information was collected. The Department may also share information with local, state, or federal government entities if required by state or federal law. Please do not provide any personal information other than the information that is specifically requested in this form.

In most cases, individuals have a right to access information about them that is in federal and state records. For more information or access to records containing your personal information maintained by the Department, contact the following:

Licensing and Certification Division  
 Section Officer of the Day  
 Licensing and Certification Section, MS 2600  
 PO Box 997413  
 Sacramento, California 95899-7413  
 Tel: (916) 322-2911

The Department of Health Care Services' policies regarding personal information are available online in the Department's Notice of Privacy Practices (<https://www.dhcs.ca.gov/formsandpubs/laws/priv/Pages/NoticeofPrivacyPractices.aspx>) and the Privacy Policy Statement (<https://www.dhcs.ca.gov/pages/privacy.aspx>).