

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

FACILITIES DEVELOPMENT DIVISION

400 "R" Street, Suite 200 ~ Sacramento, California 95811
700 N. Alameda Street, Suite 2-500, Los Angeles, California 90012

Phone (916) 440-8300 FAX (916) 324-9188
Phone (213) 897-0166 FAX (213) 897-0168

www.oshpd.state.ca.us/fdd



APPLICATION FOR APPROVAL OF ANCHORAGES
FOR FIXED HOSPITAL EQUIPMENT

For Office Use Only

APPLICATION NO.
OPA -

Check whether application is: NEW [] RENEW []

I, _____ (Name of Applicant) _____ (Company)

_____ (Mailing Address) _____ (City) _____ (State) _____ (Zip)

_____ (Telephone) _____ (E-mail Address) hereby apply for the review of
the anchorage for the following fixed hospital equipment as described below:

ENGINEERING RECOMMENDATIONS WILL BE MADE BY:

_____ (Engineer/PA/BSA) _____

_____ (Address) _____ (City) _____ (State) _____ (Zip)

_____ (Telephone) _____ (E-mail Address)

I hereby agree to reimburse the Office of Statewide Health Planning and Development
for the actual costs incurred by the department for review.

_____ (Signature of Applicant or Applicant's Authorized Representative) _____ (Date)

_____ (Title)

Date Submitted: _____ Enclosed [] Under Separate Cover []

(Use additional sheets if required)