UC DAVIS ANALYTICAL LABORATORY APPLICATION FOR CLIENT ID

Lab's Email Address: anlab@ucdavis.edu Fax Number: 530-752-9892

CLIENT Information	
Name:	Position:
Dept/County:	Office Phone: ()
Mailing Address:	Cell Phone: ()
	Email:
Appointment Type: □ CE Advisor □ CE Specialist □ Ag Experiment Station appointment (Check all that apply) □ UC Faculty, College of Ag □ UC Faculty □ Other (specify):	
Will you be submitting imported soil samples? No Yes If yes, please contact the office to discuss the specifics of submitting foreign soil samples. I have signature authority for and I authorize charges to the UC account specified below for work submitted under this Analytical Lab client ID.	
Bookkeeper Name:	Email:
Department:	Phone: ()
Campus:	
Account Name:	
Account #: UCD DAFIS coa-acct/sub/project	or other UC loc-acct-fund-org-sub-program
OCD DAI IS COA-accessing project	of other occacce-rund-org-sub-program
COPY TO Information (A designated "Copy To" person receives a copy of the analytical results. Only <u>one</u> such individual can be assigned to a client ID. A "Copy To" person is not required.)	
Name:	Position:
Mailing Address:	Office Phone: ()
	Cell Phone: ()
	Email:
The Lab's analytical results are distributed as an Excel attachment to an e-mail.	
Analytical Lab Office use only Date Application Received:	Appt Type Verified □
Project Code = (Project ID) (Location Code [Region, Campus, or Ag Cen	Client ID # Assigned:
Project ID: Dept or	r County , Campus Code (if applicable)
Processed By (initials): on (date):	[Ver 08 effective 8/7/13]