

**UC DAVIS ANALYTICAL LABORATORY
APPLICATION FOR CLIENT ID**

Laboratory Email Address: anlab@ucdavis.edu

Laboratory Fax Number: 530-752-9892

CLIENT Information	
Name: _____	Position: _____
Dept/County: _____	Phone: () _____
Mailing Address: _____ _____	Email: _____
 Appointment Type: <input type="checkbox"/> CE Advisor <input type="checkbox"/> CE Specialist <input type="checkbox"/> Ag Experiment Station appointment (Check all that apply) <input type="checkbox"/> UC Faculty, College of Ag <input type="checkbox"/> UC Faculty <input type="checkbox"/> Other (specify): _____	
Will you be submitting imported soil samples? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please contact the office to discuss the specifics of submitting foreign soil samples.	
<i>I have signature authority for and I authorize charges to the UC account specified below for work submitted under this Analytical Lab client ID.</i>	

ACCOUNTING Information (It is recommended that your bookkeeper complete this section.)	
Bookkeeper Name: _____	Email: _____
Department: _____	Phone: () _____
Campus: _____	
Account Name: _____	
Account #: _____	
UCD DAFIS coa-acct/sub/project	or other UC loc-acct-fund-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: _____ _____ _____	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 <input type="checkbox"/>
Project Code = _____ (Project ID) (Location Code [Region, Campus, or Ag Center])	Client ID # Assigned: _____
_____ : _____	_____ , Campus Code (if applicable)
Project ID :	Dept or County
Processed By (initials): _____ on (date): _____	[Ver 09 effective 9/8/17]