



**DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION
FACILITIES DEVELOPMENT DIVISION**

**APPLICATION FOR PREAPPROVED PREFABRICATED
COMPONENTS AND SYSTEMS**

OFFICE USE ONLY

APPLICATION #: PCS-

HCAI Preapproved Prefabricated Components and Systems (PCS)

Type: New Renewal

Manufacturer Information

Manufacturer: _____

Manufacturer's Technical Representative: _____

Mailing Address: _____

Telephone: _____ Email: _____

Product Information

Product Name: _____

Product Type: _____

General Description: _____

Applicant Information

Applicant Company Name: _____

Contact Person: _____

Mailing Address: _____

Telephone: _____ Email: _____

I hereby agree to reimburse the Department of Health Care Access and Information review fees in accordance with the 2019 California Administrative Code.

Signature of Applicant: _____ Date: _____

Title: _____ Company Name: _____

Registered Design Professional Preparing Engineering Report

Company Name: _____

Name: _____ California License Number: _____

Mailing Address: _____

Telephone: _____ Email: _____





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Disciplines Involved

- Structural Architectural Mechanical Electrical Plumbing Fire Life Safety

OFFICE USE ONLY – HCAI APPROVAL	
Signature: _____	Date: _____
Print Name: _____	
Title: _____	
Approved Version Number _____	

Version History

