



**DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION  
OFFICE OF STATEWIDE HOSPITAL PLANNING AND DEVELOPMENT**

**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 2022 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

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

**Version History**

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