



Accounting and Reporting Systems Section
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HEALTH & SAFETY CODE 128734.1 (SB 650, STATUTES OF 2021) CERTIFICATION

| | | | |
|---------------------------------|---------------|---------------------------------|-----------|
| Legal Name of Organization: | | Fiscal Year Ended (mm/dd/yyyy): | |
| D. B. A. (Doing Business As): | | Organization Business Phone: | |
| Mailing Address - Organization: | City: | State: | Zip Code: |
| Name of Person Certifying: | Phone Number: | Ext: | |
| Mailing Address - Certifier: | City: | State: | Zip Code: |

CERTIFICATION

I, _____, certify under penalty of perjury as follows: That I am an
 (Name of Person Certifying)
 official of _____ and am duly authorized to certify this report; and
 (Name of Organization - D.B.A.)
 that to the best of my knowledge and information I believe each statement and amount in the accompanying report
 to be true and correct, and in compliance with Section 128734.1 of the Health and Safety Code and Article 3.5
 of Chapter 10 of Division 7 of Title 22 of the California Code of Regulations.

Dated: _____

By: _____
 (Signature)

Title: _____