



**DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION**

**OFFICE OF STATEWIDE HOSPITAL PLANNING AND DEVELOPMENT**

2020 West El Camino Avenue, Suite 800, Sacramento, CA 95833  
355 South Grand Avenue, Suite 1900, Los Angeles, CA 90071  
www.hcai.ca.gov/oshpd

**Phone:** (916) 440-8300  
**Phone:** (213) 897-0166

**Fax:** (916) 274-0102

**Letter of Authorization**  
(Agent for Legal Applicant)

**Project #:** \_\_\_\_\_

**To:** Department of Health Care Access and Information

I hereby authorize \_\_\_\_\_ (Name) \_\_\_\_\_ (Title)

To be known as the “Agent for Legal Applicant” in accordance with the Application for New Project and as the “Legal Owner, or Authorized Agent” on Building Permit, Post Approval Document, Notice of Start of Construction and other HCAI OSH forms and required documents, for the facility known as

\_\_\_\_\_, Facility # \_\_\_\_\_.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_