

STATE OF WEST VIRGINIA  
**STATE BOARD OF SANITARIANS**  
P.O. Box 927  
Charleston, West Virginia 25323

**APPLICATION FOR REGISTRATION RENEWAL**

PLEASE USE INK AND PRINT LEGIBLY WHILE COMPLETING THIS FORM

As required by 20 CSR 4 Rules Governing the Practice of Public Health Sanitation – Section 5, all applicants must complete the following information to renew a sanitarian registration with the State Board of Sanitarians. The attached Child Support Obligation Statement must also be completed and enclosed with this renewal application.

\*\*\*Reminder. All Sanitarians must complete and submit 15 hours of CEHs for renewal whether working or retired to maintain their registration.

Registrations are from January 1<sup>st</sup> to December 31<sup>st</sup> each year. Renewal Applications are **due by December 31<sup>st</sup>** of each year. The registration fee is \$100.00. The fee is payable **by check made out to the “State Board of Sanitarians.”** If not submitted by January 30<sup>th</sup> the registration fee is \$125.00 (\$100.00 Registration Fee plus \$25.00 Late Fee)

Date \_\_\_\_\_ Current License Number \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Maiden Name \_\_\_\_\_

Other names used or you’ve been known by in your lifetime (no nicknames) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Rev 11/24

Signature \_\_\_\_\_

**Please return to State Board of Sanitarians,  
P.O. Box 927, Charleston, West Virginia 25323**

## Child Support Obligation Statement

Chapter 48-15-303 of the West Virginia Code states that each licensing authority (including Boards of Registration) require each licensee to certify on the license application form, under penalties of false swearing, that the applicant does not have a child support obligation; the applicant does have such an obligation but any arrears amount does not equal or exceed the amount of child support payable for six months; or the applicant is not the subject of a child support-related subpoena or warrant.

A license shall not be granted to any person who applies if there is an arrearage equal to or exceeding the amount of child support payable for six months, or if it is determined that the applicant has failed to comply with a warrant or subpoena in a paternity or child support proceeding. The application form shall state that making a false statement may subject the license holder to disciplinary action including, but not limited to, immediate suspension or revocation of the license.

Please complete the form below and return this sheet with your registration fee. Please be advised that your registration cannot be issued or renewed unless the form is completed and returned.

### APPLICANT MUST COMPLETE THIS SECTION

As required by West Virginia Code, Chapter 48-15-303, and the federal Personal Responsibility and Work Reconciliation Act of 1996 (Public Law 104-193).

- |  | <u>YES</u>               | <u>NO</u>                |
|--|--------------------------|--------------------------|
| 1. Do you have a child support obligation?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If the answer to question 1. above is Yes, are you in arrears or behind in child support payments?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If the answer to question 2. above is Yes, does the amount you are in arrears equal or exceed the amount of child support payable for six (6) months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you the subject of a child support-related subpoena or warrant?   | <input type="checkbox"/> | <input type="checkbox"/> |

I, \_\_\_\_\_, do hereby certify under penalties of perjury and false swearing, that the above answer are true and correct to the best of my knowledge.

Social Security Number: \_\_\_\_\_ Signature: \_\_\_\_\_