
CERTIFICATE NUMBER

DATE ASSIGNED

Application for Registration

as a (check one)

Registered Sanitarian

Sanitarian

Sanitarian-In-Training

In West Virginia

APPLICANT'S NAME

STATE OF WEST VIRGINIA
STATE BOARD OF SANITARIANS
APPLICATION FOR REGISTRATION

PRINT (INK) OR TYPE IN COMPLETING THIS FORM

Date _____ Social Security Number _____

Last Name _____ First _____ MI _____ Maiden Name _____

All other names used or you have been known by in your lifetime (no nicknames) _____

Home Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____

Employer _____ Phone _____

Work Address _____ City _____ State _____ Zip Code _____

Age _____ Birth Date _____ Birthplace City _____ State _____

Sex _____ Height _____ Weight _____ Eye Color _____ Hair Color _____

Citizen of U.S. Native
 Naturalized
 No

Veteran: Army
 Air Force
 Coast Guard

Marines
 Navy
 Not a Veteran

Education

SCHOOL	NAME AND LOCATION	YRS.	CERT. DIPLOMA DEGREE	SUBJECT OF SPECIALIZATION
Grammar				
High				
College				
Post Grad				
Special				

Note: Original college transcript must be submitted with this application, copies are not acceptable.

Experience

EMPLOYER NAME AND LOCATION	DATE		DUTY PERFORMED
	FROM	TO	

Have you successfully passed a Merit System or Civil Service examination? Yes No

If yes, Date _____ State _____ Other _____

If Industrial Sanitarian: List professional examination taken, if any, for determining job qualifications. _____

Have you ever been convicted of a felony? Yes No

Are you addicted to the immoderate use of alcohol? Yes No

Are you addicted to the use of drugs or narcotics? Yes No

Are you presently registered as a Professional Sanitarian? Yes No

If yes, where? _____ Certificate No. _____

References:

(a) Name _____

Address _____

Occupation _____

(b) Name _____

Address _____

Occupation _____

A \$50.00 check (or M.O.) must accompany this application for a Sanitarian-In-Training, Sanitarian or Registered Sanitarian registration.

I hereby swear that the above statements are true in every respect. Applicant Signature _____

STATE OF _____)

COUNTY OF _____)

The above named person personally appeared before me this _____ day of _____
20_____, and, after being duly sworn, said that the above statements were true in every respect.

Notary Public _____

My commission expires _____

--- DO NOT WRITE BELOW THIS LINE ---

Office Record

Application reviewed _____
(Date)

Application examined _____
(Date)

Certificate issued _____
(Date)

Registration revoked _____
(Date)

Applicant deceased _____
(Date)

Application approved: Yes No

Examination: Oral Written

Number _____

Not renewed _____
(Date)

(Signed) _____

PRESIDENT OF BOARD

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: _____

Sanitation is a way of life.
It is the quality of living that is
expressed in the clean home, the
clean farm, the clean business
and industry, the clean neigh-
borhood, the clean community.
Being a way of life it must
come from within the people;
it is nourished by knowledge
and grows as an obligation and
an ideal in human relations.

- THE NATIONAL SANITATION FOUNDATION
