

Application for Registration

CERTIFICATE NUMBER

DATE ASSIGNED

as a (check one)

☐ Registered Sanitarian

☐ Sanitarian

☐ Sanitarian-In-Training

In West Virginia

All Sanitarians are Initially Registered as a Sanitarian-In-Training
Unless they have been Registered as a Sanitarian in Another State or Have
Been Previously Registered and had let it expire.

APPLICANT'S NAME

rev 7/1/22025

Pursuant to W. Va. Code § 30-1-27, a person shall be granted an occupational or professional license, registration or certificate if the person has been licensed or certified in another state, the license, registration or certificate is in the same disciplinemand at the same practice level as the license, registration, or certificate for which the person is applying in this state and the person meets other conditions prescribed in W. Va. Code § 30-1-27.

LEGIBLY PRINT IN BLUE/BLACK INK OR TYPE

Social Security Number _____

Start Date_____

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

[illegible]

Section 4**Certifications**

Certificate Issuer/ Type/ Number	DATE		Type Duties Performed Under This Certification
	FROM	TO	

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**Section 5**

References:

(a) Name _____

Address _____

Occupation _____

(b) Name _____

Address _____

Occupation _____

The appropriate fee must accompany this application for a "Sanitarian-In-Training", "Sanitarian" or "Registered Sanitarian" registration.

Section 6

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 RecordApplication 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) _____

Executive Director or Chairman of the 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 answers 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
