Application for Registration

ripplication 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.

STATE OF WEST VIRGINIA STATE BOARD OF SANITARIANS

APPLICATION FOR REGISTRATION

LEGIBLY PRINT IN BLUE/BLACK INK OR TYPE

Date			Social Security Number					
Last Name	First		MI	Maiden Nar	ne			
All other name	es used or you have been known by in your lifetime (no	o nicknames)						
Home Address	S City_		State	Zip Code				
Home Phone I	NumberCell Phone Number	er	Email					
Birth Date								
US Citizen:	Yes No - Work Visa/ Number		Vetera	n: Yes Branch No				
Employer	Phone							
Work Address	City		State	Zip Code				
Start Date								
	Education (A copy of colle	ege transcr	ipts must	be attached.)				
SCHOOL	NAME AND LOCATION		YRS.	CERT. DIPLOMA DEGREE	SUBJECT OF SPECIALIZATION			
Grammar								
High								
College								
Post Grad								
Special								
Experience								
EMPLOYER NAME AND LOCATION		FROM	ТО	DUTY	PERFORMED			

Certifications

		DATE	
Certificate Issuer/ Type/ Number	FROM	ТО	Type Duties Performed Under This Certification
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	
References:			
(a) Name			
Address			
Occupation			
^			
(b) Name			
Address			
Occupation			
A \$50.00 check (or M.O.) must accompany this application for	r a "Sanitarian-In-T	raining", "Sanitaria	an" or "Registered Sanitarian" registration.
I hereby swear that the above statements are true in every resp			
	11	<i></i>	
STATE OF)		
COUNTY OF)		
· · · · · · · · · · · · · · · · · · ·			day of
The above named person personally appeared before 20, and, after being duly sworn, said that the above	statements were tru	e in every respect.	day of
	Notary Publ	ic	
My commission expires			
wy commission expires		_	
DO NO	OT WRITE BELOW	THIS LINE	
	Office Reco		
Application reviewed	Office Reco		
Application examined(Date)			ion approved: Yes No
(Date)		Examina	
Certificate issued(Date)			
Registration revoked(Date)			(Date)
Applicant deceased(Date)		(Signed)	e 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?								
2. If the answer to question 1. above is Yes, are you in arrears or behind in child support payments?								
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?								
4. Are you the subject of a child support-related subpoena or warrant?								
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 neighborhood, 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.

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- THE NATIONAL SANITATION FOUNDATION