



**Body Piercing Technician Certificate of Registration Application**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone Number ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_ Fax Number ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_ County \_\_\_\_\_

List all Body Piercing Studios at which you intend to work. List any additional on the back of this application.

	Name	Address	City	Phone Number
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

I have attached written documentation of the following: *(check one box only for each)*

Hepatitis B vaccination status:

- A certificate of a completed vaccination;
- Laboratory evidence of immunity; or
- A signed statement of vaccination declination.

Exposure Control Training:

- Red Cross - Preventing Disease Transmission
- OSHA-Based Bloodborne Pathogen Course
- Professional Body Art / Equipment Manf. Course

I understand that I must have exposure control training in accordance with Section 9 of the Body Piercing Studio Business Rule 64 CSR 80 and I have provide(d) a copy of documentation verifying such training to the Director. I certify that I have received a copy of the Body Piercing Studio Business Rule ( 64 CSR 80 ) and that I have read and do hereby agree to comply with the requirements contained therein. A copy of the Body Piercing Studio Business Rule may be obtained from the Secretary of State's Web page at <http://www.wvsos.com/csr/verify.asp?TitleSeries=64-80>.

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Signature of Applicant

Checks should be made payable to the **WV Bureau for Public Health**. This application along with the required registration fee of \$100.00 must be mailed to: Office of Environmental Health Services / Public Health Sanitation Division 350 Capitol Street, Room 313 Charleston, West Virginia 25301-3713.

***For Department Use only***

Date received ____/____/____	Fee included ( yes / no )	Documentation included ( yes / no )
If no, Date of letter requesting fee and or documentation ____/____/____		Response date ____/____/____
Date Certificate denied ____/____/____	Date denial letter sent ____/____/____	Letter file name _____
Date Certificate issued ____/____/____	Date Expires ____/____/____	Date Mailed ____/____/____
Certificate number <b>BPSB-99-</b> ____ - _____		Date in database ____/____/____