

West Virginia Department of Health and Human Resources  
Office of Environmental Health Services  
Infectious Medical Waste Program



**Infectious Medical Waste Incinerator Operator Registration Application**

Application for a \_\_\_\_\_ New \_\_\_\_\_ Renewal registration. Current Registration No. \_\_\_\_\_

Name (Last, First, MI) \_\_\_\_\_

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Address \_\_\_\_\_

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

Phone No. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

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

Phone No. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax No. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Supervisor \_\_\_\_\_ Email \_\_\_\_\_

Phone No. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax No. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Operator Training and Experience Information on reverse must be completed.

I hereby certify that I have reviewed the West Virginia Infectious Medical Waste Rule, 64CSR56, and that I will comply with the requirements therein (the rule is available at: [www.wvsos.com/csr/verify.asp?TitleSeries=64-56](http://www.wvsos.com/csr/verify.asp?TitleSeries=64-56)).

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

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

This is a fee of \$25.00 for **new registrations**, renewal registrations do not require a fee at this time. Checks should be made payable to the WV Bureau for Public Health.

Mail completed application to: Office of Environmental Health Services - Infectious Medical Waste Program  
Capitol & Washington Streets  
1 Davis Square, Suite 200  
Charleston WV 25301-1798

Telephone No. (304) 558-6725, Fax No. (304) 558-0524, E-mail: [David.P.Thornton@wv.gov](mailto:David.P.Thornton@wv.gov)

***For Department Use Only***

Date application with fee received \_\_\_\_\_

Date reviewed \_\_\_\_\_ by \_\_\_\_\_

Date approved \_\_\_\_\_ by \_\_\_\_\_

Date denied \_\_\_\_\_ by \_\_\_\_\_

Date Issued \_\_\_\_\_

Date Expires \_\_\_\_\_ Registration Number \_\_\_\_\_

Amount paid \$ \_\_\_\_\_

Check No. \_\_\_\_\_

Date of check \_\_\_\_\_

Application No. \_\_\_\_\_

FEIN check \_\_\_\_\_

**Note:** New Incinerator Operator Registrants Must Complete An Approved Course Of Study And Obtain A Passing Score Of 70% Or Greater On A Written Exam.

Date of Test \_\_\_\_\_ Score \_\_\_\_\_ Passing \_\_\_ Yes \_\_\_ No

Administered By \_\_\_\_\_ Graded By \_\_\_\_\_

**Note:** Renewal Incinerator Operator Registrants Must Complete An Approved Refresher Course of Study Annually.

**INCINERATOR OPERATOR TRAINING COURSES COMPLETED**

	DATE	COURSE TITLE	ORGANIZATION PROVIDING	HOURS
1				
2				
3				
4				
5				
6				
7				

**INCINERATOR OPERATOR WORK HISTORY**

FROM	TO	EMPLOYER	EQUIPMENT OPERATED

**CURRENT EQUIPMENT INFORMATION**

MAKE	MODEL	CAPACITY (POUNDS/HOUR)