



Body Piercing Technician Certificate of Registration Application

Last Name _____ First Name _____ MI _____
Social Security Number _____ - _____ - _____ Date of Birth ____/____/____
Address _____
City _____ State _____ Zip Code _____
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

Make check or money order payable to **WV Bureau for Public Health**. Mail application and \$100 registration fee to:
Office of Environmental Health Services / Public Health Sanitation Division
Capitol & Washington Streets
1 Davis Square, Suite 200
Charleston, West Virginia 25301-1798.

For Department Use only

Date received ____/____/____	Fee included (yes / no)	Documentation included (yes / no)
Date Certificate denied ____/____/____	Date denial letter sent ____/____/____	
Date Certificate issued ____/____/____	Date Expires ____/____/____	Date Mailed ____/____/____
Certificate number BPSB-99- _____ - _____		Date in database ____/____/____