



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:

Exposure Control Training:

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

- ☐ 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 **BPSB-99-**____ - _____ Date in database ____/____/____