



West Virginia Department of Health & Human Resources

_____ Health Department

Registration for Persons, Firms and Corporations Conducting the Business which involves the Cleaning Beer Coils, Barrel Tubes, and Beer Pipelines

Registration is hereby made in: _____ County, WV.

Company:			
Address:			
Owner / Operator:			
Address:			
Telephone:	Cell Phone:	Fax:	
E-mail address:			
County(s) where customers will be located:			
Cleaning Compounds:			

Proprietary compound(s) will require documentation that the compound(s) meets the criteria stated in WVDHHR Environmental Health Procedure F-18.

Date:	Signature of Applicant/Agent:
-------	-------------------------------

FOR HEALTH DEPARTMENT USE ONLY

Registration Completed:	Yes	No	Date:
-------------------------	-----	----	-------

APPROVED REGISTRATION

Registration Number:	
Date Signed:	<u>Date Registration Expires:</u>
LHD Signature:	

**A copy of this registration form will be returned to the registrant or representative and will serve as the registration for the Person, Firm or Corporation.
Registration Expires two (2) years from the date signed by the Local Health Department.**