



## **Blood Establishment Registration Application Packet**

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### **In order to process your request:**

**Mail your application with initial documentation and your check or money order payable to:**  
Department of Health  
P.O. Box 1099  
Olympia, WA 98507-1099

**If you are submitting an application with no payment or additional documents, mail them to:**  
Blood Establishment Credentialing  
P.O. Box 47877  
Olympia, WA 98504-7877

### **Contact us:**

360-236-4700

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## Application Instructions Checklist

When your application for a blood establishment registration is received by the Department of Health, you will be notified of any outstanding documentation needed to complete the application process.

**Indicate type of application:**

- **New**—First time requesting a blood establishment registration.
- **Change in Ownership**—When name of legal owner/operator changes resulting from the sale of blood establishment.
- **Change in Standing**—When the blood establishment has a change in standing of its FDA license.
- **Renewal**—Annual renewal of your blood establishment registration.

**Check One:**

Please check your legal owner/operator business structure type according to your Washington State Master Business License.

- Application Fees:** Fees are non-refundable. You can check the online [fee page](#) for current fees.

**1. Demographic Information:**

**Uniform Business Identifier Number (UBI #):** Enter your Washington State UBI #. All Washington State businesses must have UBI #'s. City, county, and state government departments also have UBI#'s.

**Federal ID Number (FEIN #):** Enter your Federal ID Number, if the business has been issued one.

**Legal Owner/Operator Name:** Enter the owner's name as it appears on the UBI/ Master Business License.

**Mailing Address:** Enter the owner's complete mailing address.

**Phone and Fax Numbers:** Enter the owner's phone and fax number.

**Email and Web Address:** Enter the owner's email and agency Web addresses, if they have them.

**Facility/Agency Name:** Enter the agency's name or doing business as (dba) name as advertised on signs, brochures or websites, if different from legal owner/operator name.

**Physical Address:** Enter the agency's physical street location including city, state, zip code, and county.

**Email address:** Enter the agency's email address if available.

**Phone and Fax Numbers:** Enter the agency's phone and fax number.

**Mailing Address:** Enter the agency's mailing address, if different than physical address.

- 2. Client Information:**  
List all of your clients in Washington State. Include current and valid email addresses for each. Attach additional pages as needed.
- 3. Contact Information:**  
Enter name, title, phone number, fax number, and email address.
- 4. Change of Ownership Information (if applicable):**  
List the previous legal owner name, previous name of facility, previous license number, and effective date of ownership change.
- Signature:**  
Signature of legal owner or authorized representative.  
Date signed.  
Print name of legal owner or authorized representative.  
Print title of legal owner or authorized representative.

**Additional Requirements:**

In addition to the application and registration fees, you must submit the following:

- Provide proof of the blood establishments current FDA licensure.
- Copies of any disciplinary actions issued upon or active against the blood establishments FDA license within the last two years. This may include:
  - Titled letters, fines, license suspensions, or revocations issued by the FDA.**and/or**
  - Judicial consent decrees.

Date  
Stamp  
Here

Revenue: 0597628200

## Blood Establishment Registration Application

Select one:  New Registration  Change of Ownership  
 Change in Standing  Renewal of Registration

### Check One

<input type="checkbox"/> Association	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Sole Proprietor
<input type="checkbox"/> Corporation	<input type="checkbox"/> Municipality (City)	<input type="checkbox"/> State Government Agency
<input type="checkbox"/> Federal Government Agency	<input type="checkbox"/> Municipality (County)	<input type="checkbox"/> Tribal Government Agency
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Non-Profit Corporation	<input type="checkbox"/> Trust
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Partnership	

### 1. Demographic Information

UBI #	Federal Tax ID (FEIN) #
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Legal Owner/Operator Name

Mailing Address

City	State	Zip Code	County
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Phone (enter 10 digit #)	Fax (enter 10 digit #)
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Email Address	Web Address
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Facility/Agency Name (doing business as (dba) if different from above)

Physical Address

City	State	Zip Code	County
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Facility Phone (enter 10 digit #)	Fax (enter 10 digit #)
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Email Address

Mailing Address (If different than physical address)

City	State	Zip Code	County
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### 3. Contact Information

Contact Person Name	Title
Phone (enter 10 digit #)	Email Address
Contact Person Name	Title
Phone (enter 10 digit #)	Email Address

### 4. Change of Ownership Information

Previous Name of Legal Owner		
Previous Name of Facility	Previous License #	Effective Date of Ownership Change

### Signature

I certify I have received, read, understood, and agree to comply with state law and rule regulating this licensing category. I also certify the information herein submitted is true to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Owner/Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Title



## **RCW/WAC and Online Website Links**

### **RCW/WAC Links**

[Administrative procedures and requirements, WAC 246-12](#)

[Blood Establishments Laws, RCW 70.335](#)

[Blood Establishments Rules, WAC 246-339](#)