



Blood Establishment Registration Application Packet

Contents:

1. 505-130 Contents List/Mailing Information1 page
2. 505-131 Application Instructions Checklist2 pages
3. 505-132 Blood Establishment Registration Application3 pages
4. RCW/WAC and Online Website Links.....1 page

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

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

(This page intentionally left blank.)

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) #
-------	-------------------------

Legal Owner/Operator Name

Mailing Address

City	State	Zip Code	County
------	-------	----------	--------

Phone (enter 10 digit #)	Fax (enter 10 digit #)
--------------------------	------------------------

Email Address	Web Address
---------------	-------------

Facility/Agency Name (doing business as (dba) if different from above)

Physical Address

City	State	Zip Code	County
------	-------	----------	--------

Facility Phone (enter 10 digit #)	Fax (enter 10 digit #)
-----------------------------------	------------------------

Email Address

Mailing Address (If different than physical address)

City	State	Zip Code	County
------	-------	----------	--------

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](#)