

MEDICAL WASTE REGISTRATION/PERMIT APPLICATION

Note: This application will not be processed until all required information and necessary fees have been submitted.

GENERATOR'S NAME: _____

TYPE OF BUSINESS: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP CODE: _____

TELEPHONE/ FAX: _____

AUTHORIZED REPRESENTATIVE: _____

TITLE: _____

APPLICATION FOR:

- Small quantity generator with onsite treatment.
- Limited Quantity Hauling Exemption.
- Common storage facility.
- Large quantity generator only.
- Large quantity generator with onsite treatment.

I declare under penalty of law that to the best of my knowledge and belief the statements made herein are correct and true. I hereby consent to all necessary inspections made pursuant to the California Medical Waste Management Act and incidental to the issuance of this Registration/Permit and to the operation of this business.

SIGNATURE: _____

DATE: _____

Small quantity generators with onsite treatment and all large quantity generators must also complete and submit a Medical Waste Management Plan as outlined on pages 7 and 8.