

CERTIFICATION FOR NON-MEDICAL WASTE GENERATORS

Please select the appropriate statement:

- I declare under penalty of law that, to the best of my knowledge and belief, I do not generate, store, or treat any of the wastes specified on the Pre-Application Questionnaire as Regulated Medical Wastes.
- I declare under penalty of law that I will not be treating medical waste at my facility by means of autoclaving, incinerating or microwaving, nor will I or my staff be transporting untreated medical waste without the use of a registered hazardous waste hauler.

BUSINESS NAME _____

BUSINESS ADDRESS _____

STATE/CITY/ ZIP _____

TELEPHONE _____

RESPONSIBLE PERSON _____

SIGNATURE _____

DATE _____

