



San Mateo County
Environmental Health Services Division
ATT: MEDICAL WASTE PROGRAM
2000 Alameda de las Pulgas, Suite 100
San Mateo, CA 94403 www.smchealth.org
(650) 372-6200 fax (650) 627-8244



ONE TIME REGISTRATION FOR DOCTOR AND DENTIST FACILITIES

DOCTOR'S OFFICES AND DENTIST'S OFFICES OPERATING IN SAN MATEO COUNTY THAT GENERATE MEDICAL OR BIO-HAZARDOUS WASTE ARE REQUIRED TO SUBMIT AN APPLICATION AND A ONE TIME REGISTRATION FEE OF \$82.00 **(ATTACH PAYMENT WITH YOUR REGISTRATION.)** THIS WILL SATISFY THE REQUIREMENTS FOR THE MEDICAL WASTE MANAGEMENT ACT, CALIFORNIA HEALTH AND SAFETY CODES 117600-118360.

PLEASE SUBMIT THE FOLLOWING INFORMATION:

TYPE OF ESTABLISHMENT

DOCTOR'S OFFICE DENTIST'S OFFICE

DOES YOUR FACILITY GENERATE PHOTOGRAPHIC WASTE?

YES NO

FACILITY INFORMATION:

Name: _____
Home Address: _____
City/ST/Zip: _____
Phone #: _____ Alt. # _____
Email Address _____

OWNER INFORMATION

Name: _____
Home Address: _____
City/ST/Zip: _____
Phone #: _____ Alt. # _____
Email Address _____

CONTACT PERSON AT THIS FACILITY:

Facility Name: _____
Facility Address: _____
City/ST/Zip _____
Phone Number: _____

I HEREBY CERTIFY THAT THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I UNDERSTAND THAT A NEW APPLICATION WILL BE REQUIRED IF THIS FACILITY CHANGES OWNERSHIP, OR MOVES TO A DIFFERENT LOCATION.

Signature of Owner/Agent or Representative _____ Date: _____