



MEDICAL WASTE REGISTRATION APPLICATION

New Facility Existing Facility Change Existing Facility FA # _____

FACILITY INFORMATION

Facility Name: _____ Address: _____ Phone: _____
Suite or Unit: _____ City: _____ Unincorporated State: _____ Zip: _____

OWNER INFORMATION

Owner Name: _____ Address: _____
Suite or Unit: _____ City: _____ Unincorporated State: _____ Zip: _____
Phone: _____ Fax: _____ Cell Phone: _____

MAILING/BILLING ADDRESS

Other Address Facility Address Owner Address

Other Address: _____ City: _____ State: _____ Zip: _____

CONTACT INFORMATION

Primary Contact: _____ Title: _____
Email: _____ Phone: _____
Secondary Contact: _____ Title: _____
Email: _____ Phone: _____

FACILITY TYPE (Check all that apply, see instructions for more information):

- Non-Profit and Fee Exempt (you must meet County requirements)
- Large Corporation Small Corporation Privately Owned/Partnership Health Care Provider Doctor
- Dentist Skilled Nursing Facility Pharmacy Veterinary Bio Tech Common Storage Facility
- Property Management Firm Acupuncturist Other Describe: _____

I hereby certify that the submitted information is true, accurate, and complete, and I will close this facility per County requirements. I understand that a new registration application will be required if this facility changes ownership, or moves to a new location.

Signature of Owner/Agent or Representative: _____ **Date:** _____

COUNTY USE ONLY

Existing Facility FA Number: _____ Inactivate all PEs Issue Permit Data Sheet
 Add Program Element 4500 (until after initial inspection) Add Program Element 4516 (one time billing)
 Add Program Element(s) _____ Inactivate PE: _____

Notes: _____

EHS Staff Signature: _____ **Date:** _____

REGISTRATION APPLICATION INSTRUCTIONS

1. Please review and address each question. Check all boxes that apply. If a scenario or situation that applies to your business and its registration is not addressed please attach a separate explanation.
2. **Submit a completed Medical Waste Management Plan as it is a supplemental part of registration.** If this is a brand new facility or business to this location (even if you just relocated) please check the **New Facility box** on the form.
3. If you are making a change (excluding ownership information) to your existing registration information please check the **Existing Facility Change of Information** box and include your **Facility ID number** located on your permit or invoice (FA00XXXXX). Include only the facility name, the changed information, and contact information.
4. New or change of ownership requires a completely new registration application form.
5. **Owner Name:** This is the name of the company's owner or the corporation which owns the facility, NOT the property owner.
6. **Unincorporated Location:** Is the facility located in an unincorporated part of San Mateo County?
7. **Mailing/Billing Address:** A different address (i.e. P.O. Box) may be specified for delivery of your permits, invoices, and other correspondences from the County.
8. **Non-Profit*:** To be considered for a fee exemption you must answer three questions:
 - A) Is your staff paid?
 - B) Are any proceeds (money) received for products or services? Is anything sold?
 - C) Are ALL of the proceeds being donated to a charitable organization?

*If ANY of the answers to these questions are YES then you are not considered by the County as a non-profit and fee exempt. If all of the answers are NO then you must complete an affidavit for fee exemption form. Contact Environmental Health Services for this form.

9. Large Corporation vs. Small Corporation*:

Large Corporation: Publicly traded corporation, has multiple offices or locations, > 500 employees, > 7 million in revenue or sales. Small Corporation: One office or location; not a large corporation.

**Call to discuss if you need additional guidance.*

Tier Categories and Payment Information: Tier I (Private Doctors and Dentists, Acupuncturists): Businesses must include one-time payment with registration documents. Payments may be made by mail, phone, or delivery in person to Environmental Health Services at the address provided below. Tier II (Small Quantity Generators): Businesses will be invoiced after the initial inspection. Tier III (Large Quantity Generators): Businesses will be invoiced after their initial inspection.

Please submit your completed registration package to:

Email: envhealth@smcgov.org

Fax: (650) 627-8244

USPS: San Mateo County, Environmental Health Services
2000 Alameda de las Pulgas, Suite #100
San Mateo, CA 94403-1270