



**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\*:

- o Large Corporation: Publicly traded corporation, has multiple offices or locations, > 500 employees, > 7 million in revenue or sales.
  - o Small Corporation: One office or location; not a large corporation.
- \*Call to discuss if you need additional guidance.*

### Tier Categories and Payment Information:

- o **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.
- o **Tier II** (Small Quantity Generators): Businesses will be invoiced after the initial inspection.
- o **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