

**REGISTRATION/PERMIT APPLICATION FOR
MEDICAL WASTE GENERATION, STORAGE AND TREATMENT**

Note: This application will not be processed until all required information and fee(s) have been received by this office.

GENERATOR'S NAME: _____

BUSINESS ADDRESS:

Street: _____

City: _____ Zip Code: _____

Telephone _____

MAILING ADDRESS:

Street: _____

City: _____

State: _____ Zip Code: _____

AUTHORIZED REPRESENTATIVE: _____

TITLE: _____

EMERGENCY TELEPHONE NUMBER _____

APPLICATION FOR:

- Small quantity generator with off-site treatment (0-199lbs/Mo.)
- Small quantity generator with onsite treatment (0-199lbs/Mo.)
- Small quantity generator without onsite treatment--Health Care Facility (Skilled Nursing Facility/Convalescent Hospital) (0-199lbs/Mo.)
- Limited Quantity Hauling Exemption
- Common Storage (0-199lbs/Mo.)
- Common Storage (200lbs/Mo. or more)
- Large quantity generator with on-site treatment (200lbs/Mo. or more)
- Large quantity generator without onsite treatment (200lbs/Mo. or more)

ALL APPLICANTS PLEASE COMPLETE THE APPROPRIATE SUPPLEMENTARY FORMS.

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 the operation of this business.

SIGNATURE: _____ DATE: _____

Note: Fee Schedule will be waived for BHRS sites and contract agencies.