

DH use only: Check No	Check Amount
Date Received	Receipt No.
Permit No.	Date Issued

Department of Health

Application for Biomedical Waste Storage Permit

Pursuant to Chapter 64E-16, Florida Administrative Code (F.A.C.), a facility which stores biomedical waste must obtain an annual permit from the department. The initial permit fee is \$85.00. Permits expire September 30 of each year. The permit fee for renewal applications received by October 1 is \$85.00. The permit fee for renewal applications received after October 1 is \$105.00. State-owned and operated biomedical waste facilities are exempt from the permit fee. Submit the following information on this form to your local Department of Health Biomedical Waste Coordinator.

Application For (Choose One): (Applicant must be a legal entity, i.e.: individual, partners).	New ship, corporation, association	Renewal , or public body)				
2. Facility Name:						
3. Facility Address: Street		City	State	Zip Code		
4. Contact Person:		Telephone: _ ()				
5. Name of Facility Owner:						
6. Mailing Address of Facility Owner:						
	Street	City	State	Zip Code		
7. Business Phone: ()						
8. 24-Hour Emergency Phone: ()						
9. Name of Property Owner:						
10. Mailing Address of Property Owner:						
	Street	City	State	Zip Code		
11. Describe the general layout and operati	ion of the facility or ed	quipment (attach additional s	heets, if necessary):			
12. Date of beginning operation:						
13. List where the biomedical waste will be	treated or taken for f	urther storage:				
I certify that, to the best of my knowledge, the	ne information provide	ed in this application is true a	nd accurate.			
Signature of Authorized Representative	Date					