

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

## **Department of Health**

## Application for Biomedical Waste Transporter Registration

Pursuant to Chapter 64E-16, Florida Administrative Code (F.A.C.), biomedical waste transporters shall be registered with the department. The initial registration fee is \$85.00 (one vehicle). Each additional vehicle is \$10.00. Registrations expire September 30 of each year. The registration fee for renewal applications received by October 1 is \$85.00 (one vehicle). Each additional vehicle is \$10.00. The registration fee for renewal applications received after October 1 is \$105.00 (one vehicle). Each additional vehicle is \$10.00. State-owned and operated biomedical waste facilities are exempt from the registration fee. Submit the following information on this form to your local Department of Health Biomedical Waste Coordinator.

1.	Application For (Ch (Applicant must be a legal ent		W Renewal oration, association, or public body)			
2.	Facility Name:					
3.	Facility Address:					
		Street		City	State	Zip Code
4.	Contact Person: _			Telephone:	( )	
5.	Name of Facility Own	ner:				
6.	Mailing Address of Facility Owner:					
	·	Street		City	State	Zip Code
7.	Business Phone:	( )				
8.	24-Hour Emergency	Phone: ( )				
9.	Name of Property Ov	vner:				
10	Mailing Address of Property Owner:					
		Street		City	State	Zip Code
11	. Federal Employer Id	dentification Number of tra	nsporter:			<u></u>
12	. Anticipated counties	s to be served:				
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_						

STORAGE				TREATMENT			
Number of	transport vehicles to b	e used:					
NOTE: Ead	ch cargo-carrying bod	y is a separate transp	oort vehicle.				
. Please subi	mit the following infor	mation for each trans	port vehicle you wish to regis	ter (attach additional she	ets. if		
necessary):			, ,	•	•		
YEAR	MAKE	MODEL	TAG NUMBER	VEHICLE IDENTIF	FICATION		
1 = 7 11 (	W 1112	IIIO D L L	1710 HOMBER	NUMBER			
For Renew	als Only: Please att	ach copy of the Bior	medical Waste Transporter	Annual Report DH 4109	9.		
CERTIFICA	ATION:						
l t				data da a constituente la constitue			
			understand and will comply wided in this application is true		ements of		
	, , , , , , , , , , , ,						
		<del> </del>					
Signature of A	uthorized Representa	itive Nam	e of Authorized Representati	ve (print or type)	Date		

13. List all known facilities where you will be taking biomedical waste for treatment or further storage (attach additional sheets if