



County of Santa Cruz

Health Services Agency ♦ Environmental Health



701 Ocean Street, Room 312, Santa Cruz, CA 95060
 (831) 454-2022 TDD/TTY -Call 711 www.sceeh.com
EnvironmentalHealth@santacruzcounty.us

MEDICAL WASTE REGISTRATION/PERMIT APPLICATION

Applicant: Please answer all questions completely, and sign and date below.
 Return this with your Medical Waste Management Plan to Environmental Health

MAIL PAYMENT WITH APPLICATION FEE ENCLOSED: \$ _____

CHECK ONE: NEW APPLICATION RENEWAL CHANGE OF OWNER CHANGE IN CATEGORY

Owner(s)Name(s): _____

Business Name (DBA): _____

Business Location: _____

Mailing Address: _____ CITY _____ STATE _____ ZIP _____
 (if different from above)

E-Mail Address: _____ Contact: _____

Business Phone: (____) _____ Other Phone: (____) _____ FAX: (____) _____

Previous Business Name: (At above location, if applicable) _____

CHECK ONE CATEGORY ONLY (see Medical Waste Management Plan form):

	<u>SMALL QUANTITY GENERATORS</u> (under 200 lbs per month)		<u>LARGE QUANTITY GENERATOR</u>
<input type="checkbox"/>	Registration Only	<input type="checkbox"/>	Acute Care Hospital 1 – 99 beds
<input type="checkbox"/>	Limited Quantity Hauler – generator transports waste	<input type="checkbox"/>	Acute Care Hospital 100 or more beds
<input type="checkbox"/>	On-Site Medical Waste Treatment - Autoclaving	<input type="checkbox"/>	Skilled Nursing Facility 1 – 99 beds
<input type="checkbox"/>	Multiple Generators Combining Waste	<input type="checkbox"/>	Skilled Nursing Facility 100 – 199 beds
<input type="checkbox"/>	Specialty Clinic (skilled nursing, surgery ctr., veterinary hospital, chemotherapy, etc.)	<input type="checkbox"/>	Specialty Clinic (surgical, dialysis, rehab, inc.)
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:

I (we) agree to operate in compliance with all applicable State Laws and regulations and pertinent local ordinances and regulations. I certify that the information herein is correct to the best of my (our) knowledge.

Signature(s):

Print Name & Title

Date:

OW: _____ FA: _____ **FOR OFFICE USE ONLY** Check #: _____ Check Date: ___/___/____

PERMIT #: _____, FEE: \$ _____, CASH-CHK, RECORD ID #: PR000 _____, PE: 20 _____, DIST #: _____, LOC: _____

APPLICATION APPROVED BY: _____, REHS. DATE: _____