



Date Received	_____
Permit No.	_____
Date Issued	_____

Department of Health

Application for Biomedical Waste Needle Collection Program Permit

Permits expire on September 30 of each year. Permits must be renewed annually. Submit the following information on this form to the county health department that has jurisdiction for the biomedical waste program in the county where the needles are collected.

- Program Status:** _____ **New** _____ **Renewal**
- Facility Name: _____
- Facility Address: _____

Street
City
State
Zip Code
- Contact Person: _____ Telephone: (____) _____
- Mailing Address of Contact: _____

Street
City
State
Zip Code
- Business Phone: (____) _____
- 24-Hour Emergency Phone: (____) _____
- List all collection facilities intended for coverage under this permit, including the street address and city, state, zip code and phone number (attach additional sheets if necessary): _____

- Describe how the program will function or operate (attach additional sheets if necessary): _____

- Describe where biomedical waste will be stored and treated: _____

- Beginning date of program: _____

Certification:

To the best of my knowledge and belief, I certify that I understand and will comply with the applicable requirements of Chapter 64E-16, F.A.C., and that the information provided in this notification is true and accurate.

 Signature of Authorized Representative Name of Authorized Representative (print or type) Date