



# Department of Health

## Biomedical Waste Transporter Annual Report

Pursuant to Chapter 64E-16, Florida Administrative Code, a registered transporter seeking renewal shall submit this form together with Form DH 4106, Application for Biomedical Waste Transporter Registration, to the county health department that issues the transporter's biomedical waste transporter registration. Registrations expire September 30 of each year.

1. Business name of transporter: \_\_\_\_\_
2. Transporter registration number: \_\_\_\_\_
3. Quantity of biomedical waste transported from July 1 of last year through June 30 of this year:

	QUANTITY	CIRCLE ONE	
(a) Collected and treated in Florida	_____	lbs.	tons
(b) Collected out of state and treated in Florida	_____	lbs.	tons
(c) Collected in Florida and treated out of state	_____	lbs.	tons
(d) <b>TOTAL</b>	_____	lbs.	tons

4. Provide the name of the state(s) where biomedical waste was collected for treatment in Florida:  
 \_\_\_\_\_  
 \_\_\_\_\_

5. List the facilities and their location (both in state and out-of-state) where Florida biomedical waste was treated:

FACILITY	STATE
_____	_____
_____	_____
_____	_____
_____	_____

### 6. CERTIFICATION:

I certify that, to the best of my knowledge, the information provided on this form is true and accurate.

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