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 the county health department that has jurisdiction for the biomedical waste program in the county where your vehicle(s) will be kept.

1. Application For (Choose One):  New___  Renewal
   (Applicant must be a legal entity, i.e.: individual, partnership, corporation, association, 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. Federal Employer Identification Number of transporter: ____________________________

12. Anticipated counties to be served:
    __________________________________________________
    __________________________________________________
    __________________________________________________
    __________________________________________________
13. List all known facilities where you will be taking biomedical waste for treatment or further storage (attach additional sheets if necessary):

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<thead>
<tr>
<th>STORAGE</th>
<th>TREATMENT</th>
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14. Number of transport vehicles to be used: ________________
   NOTE: Each cargo-carrying body is a separate transport vehicle.

15. Please submit the following information for each transport vehicle you wish to register (attach additional sheets, if necessary):

<table>
<thead>
<tr>
<th>YEAR</th>
<th>MAKE</th>
<th>MODEL</th>
<th>TAG NUMBER</th>
<th>VEHICLE IDENTIFICATION NUMBER</th>
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17. CERTIFICATION:

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

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