



<b>DH use only:</b> Check No. _____		Check Amount _____	
Date Received _____		Receipt No. _____	
Permit No. _____		Date Issued _____	

# Department of Health

## Application for a Biomedical Waste Treatment Permit

Pursuant to Chapter 64E-16, Florida Administrative Code (F.A.C.), the owner(s) or operator(s) of a proposed biomedical waste treatment facility must complete and submit this form along with attachments and fee. The initial permit fee is \$85.00. Permits expire September 30 of each year. The permit fee for renewal applications received by October 1 is \$85.00. The permit fee for renewal applications received after October 1 is \$105.00. State-owned and operated biomedical waste facilities are exempt from the permit fee. Submit the following information on this form to your local Department of Health Biomedical Waste Coordinator.

**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. Type of Treatment: \_\_\_\_\_ Steam \_\_\_\_\_ Chemical \_\_\_\_\_ Microwave Shredding \_\_\_\_\_ Other

If "Other", explain:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

12. Maximum Treatment Capacity: \_\_\_\_\_ pound/hour                      \_\_\_\_\_ tons/day

13. Days of Operation: \_\_\_\_\_

14. Hours of Operation: \_\_\_\_\_

15. **For Initial Permits Only:** Attach the following supporting documentation to this form:

- a. Description of the treatment method which includes the time interval from start to finish for completion of the treatment cycle and the proposed actual quantity to be treated per hour.
- b. Description of initial start-up procedures including testing date, certification of test organisms, establishment of operating parameters, and post treatment confirmation.
- c. Operating Plan
- d. Maintenance Schedule

16. **For Renewals Only –** Attach the following supporting documentation to this form:

- a. Copy of the Biomedical Waste Treatment Facility Annual Report DH 4110.
- b. Operating Plan (if plan has been updated due to changes in regulations, facility policies or procedures).

I, the undersigned owner/owner's representative, hereby agree to operate the biomedical waste treatment facility described in this application in accordance with the requirements of section 381.0098, Florida Statutes, and Chapter 64E-16, Florida Administrative Code. The information contained in this application, which serves as the basis for the issuance of a permit is true and correct. I understand that failure to comply with these requirements or any misrepresentation of facts in this application is grounds for denial, suspension, revocation of a permit, and/or an administrative fine.

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Signature of Authorized Representative

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Name of Authorized Representative (print or type)

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Date