

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) TOTAL		lbs. tons	
4.	Provide the name of the state(s) where biomedi	cal waste was collected for treatme	nt in Florida:	
5.	List the facilities and their location (both in state and out-of-state) where Florida biomedical waste was treated:			
	FACILITY	ST	STATE	
6.	CERTIFICATION:			
l ce	rtify that, to the best of my knowledge, the inform	nation provided on this form is true a	and accurate.	

Alachua

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Baker

See Nassau

Bav

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Bradford

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Brevard

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Broward

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Calhoun

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Charlotte

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Columbia

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Dixie

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Escambia

Escambia provides services for: Santa Rosa County

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<u>Flagler</u>

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<u>Hamilton</u>

See Alachua

Hardee See Polk

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See Washington

Indian River

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Jackson

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<u>Lafayette</u>

See Alachua

Lake

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Levy

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Nassau

Nassau provides services for: Baker County

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Okaloosa

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Polk

Polk County provides services for: Hardee County

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Putnam

See Alachua

Santa Rosa

See Escambia

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<u>Suwannee</u>

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<u>Union</u>

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Walton

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Washington

Washington provides service for: Holmes County

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