



Stanislaus County
Department Of Environmental Resources
 3800 Cornucopia Way, Suite C, Modesto, California 95358

REGISTRATION FOR MEDICAL WASTE GENERATORS

State License Type: _____ State License Number: _____
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GENERATOR NAME: _____

Generator Facility Address: _____
 (City/Zip)

Phone Number: (_____) _____

Generator Mailing Address: _____
 (City/Zip)

Type of Business: _____

Authorized Representative: _____

Title: _____

Emergency Phone Number: (_____) _____

REGISTRATION FOR:

- Small Quantity Generator with Onsite Treatment (Generates less than 200 lbs/month).
- State Licensed Small Quantity Generator (Generates less than 200 lbs/month).
***Attach Copy of State Issued License for Facility**
- Large Quantity Generator Only (Generates 200 lbs or more/month).
- Large Quantity Generator with Onsite Treatment (Generates 200 lbs or more/month).
- Common Storage Facility Operation.

I declare under penalty of law that to the best of my knowledge and belief the statements made herein are true and correct. I hereby consent to all necessary inspections made pursuant to the California Medical Waste Management Act and incidental to the issuance of this registration and the operation of this business.

Signature: _____ Date: _____

REGISTRATION APPROVAL OFFICIAL USE ONLY

Business I.D. No. _____ Service Code _____ Date Received _____

Date Approved: _____ Approved by: _____ Date Expired _____