



APPLICATION FOR A COMMON STORAGE FACILITY PERMIT

A Common Storage Facility is utilized for the collection of medical waste produced by small quantity generators operating independently, but sharing the same "common" storage area.

Please complete the following:

New Renewal

FACILITY NAME: _____

BUSINESS ADDRESS: _____

CITY, STATE, ZIP CODE: _____

BUSINESS PHONE: _____

CONTACT PERSON: _____

Common Storage Facility Address: _____

Please list below the names of the other Small Quantity Generators who will share the Common Storage Facility (If more than 5, attach info):

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Applicant's Signature

Date

OFFICIAL USE ONLY

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

Date Approved: _____ Approved by: _____ Date Expired _____