



### CERTIFICATION STATEMENT

**FOR NON-MEDICAL WASTE GENERATORS AND MEDICAL WASTE GENERATORS  
NOT REQUIRED TO REGISTER**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip Code

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Contact Person: \_\_\_\_\_

I am not required to register as a Medical Waste Generator because *(Please check all that apply)*

I do not generate any medical waste.

Other: \_\_\_\_\_

\_\_\_\_\_

**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: \_\_\_\_\_