



**PERMIT APPLICATION FOR ON-SITE MEDICAL
WASTE TREATMENT**

GENERATOR NAME: _____

Generator **Facility** Address: _____
(City/Zip)

Phone Number: (_____) _____ - _____

Generator **Mailing** Address: _____
(City/Zip)

Type of Business: _____

Authorized Representative: _____

Title: _____

Emergency Phone Number: (_____) _____ - _____

APPLICATION FOR:

- Small Quantity Generator with Onsite Treatment (Generates less than 200 lbs/month).
- Large Quantity Generator with Onsite Treatment (Generates 200 lbs or more/month).

OFFICIAL USE ONLY

Service Code _____ Date Received _____ Date Approved: _____

Approved by: _____ Date Expired _____