



REGISTRATION FOR MEDICAL WASTE GENERATORS

GENERATOR NAME: _____

Generator Facility Address: _____
(City/Zip)

Phone Number: (_____) _____ - _____

Generator Mailing Address: _____
(City/Zip)

Type of Business: _____

Authorized Representative: _____

Title: _____

Email: _____

Emergency Phone Number: (_____) _____ - _____

REGISTRATION FOR:

- Small Quantity Generator Only (Generates less than 200 lbs/month).
- Small Quantity Generator with Onsite Treatment (Generates less than 200 lbs/month).
- 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: _____

OFFICIAL USE ONLY

Service Code _____ Date Received _____ Date Approved: _____

Approved by: _____ Date Expired _____