



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 am not a medical or veterinary facility
- 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: _____