



Stanislaus County
Department Of Environmental Resources
 3800 Cornucopia Way, Suite C, Modesto, California 95358

CERTIFICATION STATEMENT

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

Business Name: _____

Business Address: _____

City	State	Zip Code
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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.
- I generate **less** than 200 pounds of medical waste per month **and do not** have a state license.
- Off-site treatment disposal through a registered hazardous waste hauler/mail-back service.
- I **do not** treat any medical waste at my facility by means of autoclaving, incinerating or microwaving.

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: