

DH use only: Check No	Check Amount
Date Received	Receipt No
Permit No	Date Issued

## **Department of Health**

## Application for Biomedical Waste Transporter Registration

Pursuant to Chapter 64E-16, Florida Administrative Code (F.A.C.), biomedical waste transporters shall be registered with the department. The initial registration fee is \$85.00 (one vehicle). Each additional vehicle is \$10.00. Registrations expire September 30 of each year. The registration fee for renewal applications received by October 1 is \$85.00 (one vehicle). Each additional vehicle is \$10.00. The registration fee for renewal applications received after October 1 is \$105.00 (one vehicle). Each additional vehicle is \$10.00. State-owned and operated biomedical waste facilities are exempt from the registration fee. Submit the following information on this form to the county health department that has jurisdiction for the biomedical waste program in the county where your vehicle(s) will be kept.

1.	Application For (Cho (Applicant must be a legal entit		New nership, corporation, as	Renewal sociation, or public body)			
2.	Facility Name:						
3.	Facility Address:						
		Street			City	State	Zip Code
4.	Contact Person:				Telephone: (	)	
5.	Name of Facility Owner	er:					
6.	Mailing Address of Facility Owner:						
		Street			City	State	Zip Code
7.	Business Phone:	( )					
8.	24-Hour Emergency F	Phone: (	)				
9.	Name of Property Own	ner:					
10	Mailing Address of Property Owner:						
		Street			City	State	Zip Code
11	. Federal Employer Ide	entification Num	ber of transporte	er:			
12	. Anticipated counties	to be served:					
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STORAGE			-	TREATMENT		
Number of t	transport vehicles to b	e used:				
NOTE: Eac	ch cargo-carrying body	is a separate transp	oort vehicle.			
Plaasa suhi	mit the following inform	nation for each trans	nort vehicle you wish to regis	ter (attach additional sheets, if		
necessary):		nation for each trains	port vernole you wish to regis	ici (attaon adattoriai snects, ii		
YEAR	MAKE	MODEL	TAG NUMBER	VEHICLE IDENTIFICATION NUMBER		
				NONBER		
For Renew	als Only: Please atta	ch copy of the Bion	nedical Waste Transporter	Annual Report DH 4109.		
CERTIFICA	ATION:					
I certify that	i, to the best of my known $F_{-1}$ 6 $F_{-1}$ 8 $F_{-1}$ 9 $F_{-1}$	owledge and belief, I the information provi	understand and will comply will ded in this application is true	vith the applicable requirements of		
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	uthorized Representa	di	e of Authorized Representativ	re (print or type) Date		
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