

Environmental Management Department • Environmental Compliance Division  
 11080 White Rock Road, Ste. 200 • Rancho Cordova, CA 95670 • (916) 875-8550

**MEDICAL WASTE GENERATOR REGISTRATION/PERMIT APPLICATION**

**FOR OFFICIAL USE ONLY**

Business Type \_\_\_\_\_ Date \_\_\_\_\_  
 Appl. Yr. \_\_\_\_\_ Facility ID# \_\_\_\_\_ Initial \_\_\_\_\_

Business Name (DBA) \_\_\_\_\_  
 Address: \_\_\_\_\_ City/Zip \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City/Zip \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Part I.** Generation of Medical Waste- Complete the section below. If you do not generate medical waste in Sacramento County, skip to part II below.

Medical Waste Generated	Pounds/Month Average	Peak pounds any single month	On site treatment
<b>BIOHAZARDOUS WASTE (RED BAGGED):</b>			
<b>OTHER BIOHAZARDOUS WASTE (PATH/CHEMO/PHARM):</b>			
<b>SHARPS ONLY WASTE:</b>			

**Name of Registered Medical Waste Transporter, if applicable:** \_\_\_\_\_

Choose one of the following generator types:

Large-Quantity Generator (generates 200 or more pounds of medical waste **any single** month in 12-month period.)

Type of facility:

- |  |  |
|--|--|
| <input type="checkbox"/> General acute-care hospital... Number of beds _____ | <input type="checkbox"/> Primary care facility                       |
| <input type="checkbox"/> Acute Psychiatric hospital                          | <input type="checkbox"/> Clinical laboratory                         |
| <input type="checkbox"/> Skilled nursing facility... Number of beds _____    | <input type="checkbox"/> Veterinary hospital/clinic                  |
| <input type="checkbox"/> Surgical Care                                       | <input type="checkbox"/> Mortuary                                    |
| <input type="checkbox"/> Dialysis Clinic                                     | <input type="checkbox"/> Miscellaneous facility                      |
| <input type="checkbox"/> Specialty Clinic                                    | <input type="checkbox"/> Consolidation Point (home generated Sharps) |

Small- Quantity Generator (generated less than 200 pounds of medical waste every month within the last calendar year)

Common storage facility- Number of generators served: \_\_\_\_\_

Filing as: (choose one)

- Single generator operating independently
- More than one generator operating as a business in the same building. Attach list of all generators
- Group practice. Attach list of all generators
- Generators operating in different buildings on the same or adjacent property (within 400 yds). Attach list of all generators and their addresses.

Do you provide on-site treatment?  NO  YES      Do you provide on-site treatment for other generator?  
 NO  YES (Provide a list of generators you service)

I declare under penalty of law that to the best of my knowledge and belief, the statements made herein are correct and true. I hereby consent to all necessary inspections made pursuant to the California Medical Waste Management Act and incidental to the issuance of this Registration/Permit and the operation of this business.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART II. CERTIFICATION FOR NON-MEDICAL WASTE GENERATORS**

I declare under penalty of law that to the best of my knowledge and belief, I do not generate, store, or treat any of the waste specified in Part I as regulated medical wastes in Sacramento, County.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICANT: Submit the application and required documents to: Sacramento County Environmental Management Department, Environmental Compliance Division, 11080 White Rock Road Suite 200 Rancho Cordova, CA 95670. DO NOT SEND FEES AT THIS TIME. You will receive a bill for fees. Retain a copy for your records.**