

Shasta County Department of Resource Management

Environmental Health Division

1855 Placer Street, Suite 201, Redding CA 96001

Telephone (530)225-5787 Fax (530)225-5413

APPLICATION FOR PERMIT - MEDICAL WASTE GENERATION AND/OR TREATMENT

Owner \_\_\_\_\_

Facility Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_

Authorized Representative \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Medical Waste Generator Type (check one):

- Small Quantity Generator with Onsite Treatment
- Large Quantity Generator Only
- Large Quantity Generator with Onsite Treatment
- Common Medical Waste Storage Facility
- Other \_\_\_\_\_

Approximate Monthly Quantity of Medical Waste Generated or Stored \_\_\_\_\_ (pounds).

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 \_\_\_\_\_

Date Received

By \_\_\_\_\_

Renewal \_\_\_\_\_

Amount \_\_\_\_\_

New \_\_\_\_\_

Date \_\_\_\_\_

Owner change \_\_\_\_\_

Date \_\_\_\_\_

Approved by \_\_\_\_\_

Date \_\_\_\_\_