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# 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 your local Department of Health Biomedical Waste Coordinator.

1. Application For (Choose One):  New  Renewal  
(Applicant must be a legal entity, i.e.: individual, partnership, corporation, association, or public body)

2. Facility Name: \_\_\_\_\_

3. Facility Address: \_\_\_\_\_  
Street City State Zip Code

4. Contact Person: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

5. Name of Facility Owner: \_\_\_\_\_

6. Mailing Address of Facility Owner: \_\_\_\_\_  
Street City State Zip Code

7. Business Phone: ( ) \_\_\_\_\_

8. 24-Hour Emergency Phone: ( ) \_\_\_\_\_

9. Name of Property Owner: \_\_\_\_\_

10. Mailing Address of Property Owner: \_\_\_\_\_  
Street City State Zip Code

11. Federal Employer Identification Number of transporter: \_\_\_\_\_

12. Anticipated counties to be served:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. List all known facilities where you will be taking biomedical waste for treatment or further storage (attach additional sheets if necessary):

STORAGE	TREATMENT

14. Number of transport vehicles to be used: \_\_\_\_\_  
 NOTE: Each cargo-carrying body is a separate transport vehicle.

15. Please submit the following information for each transport vehicle you wish to register (attach additional sheets, if necessary):

YEAR	MAKE	MODEL	TAG NUMBER	VEHICLE IDENTIFICATION NUMBER

16. For Renewals Only: Please attach copy of the Biomedical Waste Transporter Annual Report DH 4109.

**17. CERTIFICATION:**

I certify that, to the best of my knowledge and belief, I understand and will comply with the applicable requirements of Chapter 64E-16, F.A.C., and that the information provided in this application is true and accurate.

\_\_\_\_\_  
 Signature of Authorized Representative                      Name of Authorized Representative (print or type)                      Date