



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

Department of Health

Application for Biomedical Waste Storage Permit

Pursuant to Chapter 64E-16, Florida Administrative Code (F.A.C.), a facility which stores biomedical waste must obtain an annual permit from the department. The initial permit fee is \$85.00. Permits expire September 30 of each year. The permit fee for renewal applications received by October 1 is \$85.00. The permit fee for renewal applications received after October 1 is \$105.00. State-owned and operated biomedical waste facilities are exempt from the permit 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. Describe the general layout and operation of the facility or equipment (attach additional sheets, if necessary):

12. Date of beginning operation: _____

13. List where the biomedical waste will be treated or taken for further storage:

I certify that, to the best of my knowledge, the information provided in this application is true and accurate.

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