

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 entity		New nership, corporation, as	Renewal ssociation, 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 P	hone: ()				
9.	Name of Property Owr	ner:					
10	. Mailing Address of Property Owner:						
		Street			City	State	Zip Code
11	. Federal Employer Ide	entification Num	ber of transporte	er:			
12	2. Anticipated counties	to be served:					
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STORAGE				TREATMENT		
			·			
Number of t	rancport vohicles to l	oo neod:				
NOTE: Eac	ransport vehicles to less to less to less to less the cargo-carrying body	y is a separate trans	oort vehicle.			
Please subr necessary):		mation for each trans	port vehicle you wish to regis	ster (attach additional sheets, if		
necessary).						
YEAR	MAKE	MODEL	TAG NUMBER	VEHICLE IDENTIFICATION NUMBER		
For Renewa	als Only: Please atta	ach copy of the Bior	nedical Waste Transporter	Annual Report DH 4109.		
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CEDTIFICA	TION:					
CERTIFICA	TION.					
I certify that	, to the best of my kn	owledge and belief, I	understand and will comply	with the applicable requirements o		
Chapter 64	E-16, F.A.C., and tha	t the information prov	ided in this application is true	e and accurate.		
:	uthorized Representa	ative Nam	e of Authorized Representati	ve (print or type) Date		
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