



California Medical Waste Management Program Generator Registration Application

Facility Name			County*
Address (number, street)	City	ZIP code	Telephone ()
Mailing address (if different from above)	City	ZIP code	Fax ()

*Consult with CDPH prior to applying if you are unsure if CDPH is the enforcement agency for medical waste in your county.

Type of Application

- Small Quantity Generator (SQG)*:** Your facility generates less than 200 pounds of medical waste per month.
- Large Quantity Generator (LQG)*:** Your facility generates 200 pounds or more of medical waste per month. New applicants must submit a copy of your facility's Medical Waste Management Plan.
- Common Storage Facility (CSF)*:** Any onsite designated accumulation area used by small quantity generators otherwise operating independently, e.g., a medical arts building. Number of generators: _____

***ALL GENERATORS MUST ENTER their facility's registered medical waste transporter _____**

- Change of ownership:** Registration number: _____
 - Alternative technology onsite treatment method (if applicable): _____
 - The Limited Quantity Hauling Exemption (LQHE) application is available at: <http://www.cdph.ca.gov/pubsforms/forms/CtrlIdForms/cdph8664.pdf>
 - Submit an onsite treatment permit application if your facility will be treating waste onsite. The application is available at: <http://www.cdph.ca.gov/certlic/medicalwaste>

I certify under penalty of perjury that the information contained in this application is true and accurate to the best of my knowledge and belief.

Authorized Representative	Title
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Signature	Date
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The fee page is available at <http://www.modoccohealthservices.com/id80.html> or by calling (530)233-6310

Mail the application and fee to:

Modoc County Environmental Health
202 West 4th Street
Alturas, CA 96101

Or Fax to: (530) 233-6342