



Waste Management Program Generator Registration Application

Facility

Facility Name:		County*:
Street Address:		
City:		Zip Code:
Mailing Address (if different from above):		
City:		Zip Code:
Telephone:	Email:	

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

Application Type

<input type="checkbox"/> Small Quantity Generator (SQG) Your facility generates less than 200 pounds of medical waste per month.
<input type="checkbox"/> 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.
<input type="checkbox"/> Change of ownership: Registration number:

Types of waste your facility generates: biohazardous sharps
 pharmaceutical trace chemotherapy pathology

Waste Disposal Method

<input type="checkbox"/> Picked up by a registered transporter: Refer to the CDPH website for an updated list of authorized haulers https://cdph.ca.gov/Programs/CEH/DRSEM/CDPH%20Document%20Library/EMB/MedicalWaste/Haulist.pdf
<input type="checkbox"/> Mailed via Mail-Back System: Refer to the CDPH medical waste generators page for mail back information: https://cdph.ca.gov/Programs/CEH/DRSEM/Pages/EMB/MedicalWaste/Generators.aspx#
<input type="checkbox"/> Treated onsite by*: By <input type="checkbox"/> autoclave <input type="checkbox"/> by the alternative treatment method:

* [A LQG treating waste onsite shall apply for a permit with Form 8706.](https://cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph8706.pdf) <https://cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph8706.pdf>
[A SQG treating waste onsite \(autoclave only\) shall register with Form 8705.](https://cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph8705.pdf) <https://cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph8705.pdf>

Certification

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.

Name:	Title:
Signature:	Date:

Fees

The [fee list](#) is available at:

<https://cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph8662.pdf>

Make the check payable to the Medical Waste Management Fund.

Mail the application and fee to: California Department of Public Health Medical Waste Management Program MS 7405 P.O. Box 997377 Sacramento, CA 95899-7377	Or courier to: California Department of Public Health Medical Waste Management Program MS 7405 1616 Capitol Ave, 2nd Floor Sacramento, CA 95814
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