



Medical Waste Management Program



**Trauma Scene Waste (TSW) Management Practitioner Application**

**Company**

Company Name:			TSW#:	
Number of Vehicles used to transport waste:				
Facility Contact Person*:			Telephone Number:	
Email:				
Owner:			Telephone Number:	
Email:				
Street Address:				
City:		County:	State:	Zip Code:
Mailing Address:				
City:		State:	Zip Code:	
Web Address:				
Place of business used for storage of trauma scene waste? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, how many freezers are on site:				

\*This person will be listed on our website.

**Medical Waste Hauler and Facility**

Provide medical waste transporter information if utilizing a registered hazardous waste hauler to transport trauma scene waste to a permitted transfer station (TS) or treatment facility (TSOST), otherwise leave blank.

Hauler ID	Company Name	Phone Number	Address (City/State/ZIP Code)

Provide information on the permitted medical waste TS and/or TSOST used or list mail-back company receiving waste.

TS/TS-OST ID	Permitted Facility Utilized or Mail-back Information	Facility Address (City/State/ZIP code)	Off-Site Treatment	Transfer Station
			<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
			<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

**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.

Authorized Representative:		Title:	
Signature:		Date:	

## Required Documents

- A copy of the current year service agreement with hauler(s), transfer station(s), off-site treatment facility(s), or mail-back system invoice.
- \$200 check (made out to Medical Waste Management Fund) for renewal and initial application fee.

## Mailing Information

**Mail the application and fee to:**

California Department of Public Health  
Medical Waste Management Program  
MS 7405, IMS K-2  
P.O. Box 997377  
Sacramento, CA 95899-7377

**Or courier to:**

California Department of Public Health  
Medical Waste Management Program  
1725 23rd St, Ste 110  
Sacramento, CA 95816