



Medical Waste Management Program



**Large Quantity Generator with Onsite Treatment
Permit 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.

Type of Treatment

<input type="checkbox"/> Steam sterilization
Brand:
Model:
Related capacity/cycle:
Average Monthly Quantity of Waste Treated:
<input type="checkbox"/> Other treatment type*:

*Alternative technology treatment methods approved by CDPH do not require an onsite treatment permit.

Type of Application

<input type="checkbox"/> New*	<input type="checkbox"/> Renewal
<input type="checkbox"/> Transfer of Facility Ownership	<input type="checkbox"/> Revision
Existing LQG# (if applicable):	

*For new permits, the Department must approve the permit application prior to the facility treating medical waste. The permit is valid for 5 years. Ninety (90) days prior to the expiration date, the applicant shall file for renewal of the permit.

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:

Waste Plan

Provide a Medical Waste Management Plan, per the Medical Waste Management Act of the Health and Safety Code; §117960(a-k). For permit renewals: do not include a Plan, unless significant revisions have been made since the facility's last inspection.

Facility Site Map

For new permits, provide a map extending for one mile beyond the property boundary, including access roads, residential development, schools, etc. Additionally, provide a drawing of the treatment unit area and outside storage area.

Mailing Instructions and Fees

The fee for a *new* permit can be found [on CDPH Form 8662](https://cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph8662.pdf).
(<https://cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph8662.pdf>).
Please make the check payable to the Medical Waste Management Fund. There is no fee for a revised permit or transfer of ownership.

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