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| DH use only: Check No. _____ Check Amount _____ | |
| Date Received _____ | Receipt No. _____ |
| Permit No. _____ | Date Issued _____ |

Department of Health

Application for Biomedical Waste Storage Permit

Pursuant to Chapter 64E-16, Florida Administrative Code (F.A.C.), a facility which stores biomedical waste must obtain an annual permit from the department. The initial permit fee is \$110.00. Permits expire September 30 of each year. The permit fee for renewal applications received by October 1 is \$110.00. The permit fee for renewal applications received after October 1 is \$130.00. State-owned and operated biomedical waste facilities are exempt from the permit fee. Submit the following information on this form to your local Department of Health Biomedical Waste Coordinator.

1. **Application For (Choose One):** _____ **New** _____ **Renewal**
(Applicant must be a legal entity, i.e.: individual, partnership, corporation, association, or public body)

2. Facility Name: _____

3. Facility Address: _____
Street _____ City _____ State _____ Zip Code _____

4. Contact Person: _____ Telephone: _____

5. Name of Facility Owner: _____

6. Mailing Address of Facility Owner: _____
Street _____ City _____ State _____ Zip Code _____

7. Business Phone: _____

8. 24-Hour Emergency Phone: _____

9. Name of Property Owner: _____

10. Mailing Address of Property Owner: _____
Street _____ City _____ State _____ Zip Code _____

11. Describe the general layout and operation of the facility or equipment (attach additional sheets, if necessary):

12. Date of beginning operation: _____

13. List where the biomedical waste will be treated or taken for further storage:

I certify that, to the best of my knowledge, the information provided in this application is true and accurate.

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| _____ Signature of Authorized Representative | _____ Name of Authorized Representative (print or type) | _____ Date |
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