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

Print Form

Clear Form Fields

Department of Health

Application for Biomedical Waste Transporter Registration

Pursuant to Chapter 64E-16, Florida Administrative Code (F.A.C.), biomedical waste transporters shall be registered with the department. The initial registration fee is $85.00 (one vehicle). Each additional vehicle is $10.00. Registrations expire September 30 of each year. The registration fee for renewal applications received by October 1 is $85.00 (one vehicle). Each additional vehicle is $10.00. The registration fee for renewal applications received after October 1 is $105.00 (one vehicle). Each additional vehicle is $10.00. State-owned and operated biomedical waste facilities are exempt from the registration 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. Federal Employer Identification Number of transporter: _____

12. Anticipated counties to be served:

_____

_____

_____

_____

13. List all known facilities where you will be taking biomedical waste for treatment or further storage (attach additional sheets if necessary):

STORAGE	TREATMENT

14. Number of transport vehicles to be used: _____
NOTE: Each cargo-carrying body is a separate transport vehicle.

15. Please submit the following information for each transport vehicle you wish to register (attach additional sheets, if necessary):

YEAR	MAKE	MODEL	TAG NUMBER	VEHICLE IDENTIFICATION NUMBER

16. For Renewals Only: Please attach copy of the Biomedical Waste Transporter Annual Report DH 4109.

17. CERTIFICATION:

I certify that, to the best of my knowledge and belief, I understand and will comply with the applicable requirements of Chapter 64E-16, F.A.C., and that the information provided in this application is true and accurate.

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