Medical Waste Transportation Permit Application

(Print or type and submit in duplicate)

A. Transporter Identification:

Name of transporter: _____

Contact person: _____

Title of contact person: _____

Mailing address: _____

_____

City: _____ State: _____ Zip Code: _____

Business address: _____

_____

City: _____ State: _____ Zip Code: _____

Business telephone number: (____) _____-_____

Emergency/after hours number: (____) _____-_____

B. Permit Application: (Check one)

___ First Application

___ Permit renewal: Permit No. _____

Expiration date of current permit: _____/ ____/_____

___ Permit Modification: Provide a narrative description of the modifications sought, listing the Section(s) of the permit to be modified, and rationale for the request to modify the permit.

C. Transportation Facilities: Complete the following for the principal transportation facility identified in Section A. above.

1. Will this facility repackage medical waste? Yes ____ No ____
2. Will this facility compact medical waste? Yes ____ No ____
3. Will this facility operate refrigeration devices other than a transport vehicle?
   Yes ____ No ____

D. Transfer Facilities.

Does this permit application also include transfer facilities? Yes _____ No _____

If Yes, complete the following for each transfer facility to be included.

Transfer Facility Name: ____

Business address: ____

____

City: ______________________ State: ______________ Zip Code: ____________

Will this facility repackage medical waste? Yes _____ No _____

Will this facility compact medical waste? Yes _____ No _____

Transfer Facility Name: ____

Business address: ____

____

City: ______________________ State: ______________ Zip Code: ____________

Will this facility repackage medical waste? Yes _____ No _____

Will this facility compact medical waste? Yes _____ No _____

Transfer Facility Name: ____

Business address: ____

____

City: ______________________ State: ______________ Zip Code: ____________

Will this facility repackage medical waste? Yes _____ No _____

Will this facility compact medical waste? Yes _____ No _____

Transfer Facility Name: ____

Business address: ____

____

City: ______________________ State: ______________ Zip Code: ____________

Will this facility repackage medical waste? Yes _____ No _____

Will this facility compact medical waste? Yes _____ No _____

Submit additional sheets as required for the number of transfer facilities included in this application.

E. Attachments: (The application will not be reviewed unless all attachments are submitted)

1. Medical Waste Management Plan.

2. A detailed plan of the facility showing property boundaries, area secured for access control, vehicle parking areas, buildings and other ancillary facilities.

3. Vehicle Information (for each vehicle used to transport regulated medical waste):
   a. Make, model, and year for all motorized vehicles.
   b. License number of vehicle and state of registration.
   c. Vehicle Identification Number and state.
   d. Name of registered vehicle owner or operator.
   e. Specify which vehicles are refrigerated?
   f. List of other vehicles (trailers, containers, boxcars, etc) and identification number(s).

F. Certification: (To be signed by a responsible official)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature: _____

Typed name: _____

Official Title: _____

Date: _____

Please submit two copies of each Application and attachments to:

Alabama Department of Environmental Management

(Mailing Address):
Environmental Services Branch
Land Division
P.O. Box 301463
Montgomery, AL 36130-1463

(Street Address):
Environmental Services Branch
Land Division
1400 Coliseum Boulevard
Montgomery, AL 36110-2059

Phone: 334-271-7984
Fax: 334-279-3050

Make all checks payable to the Alabama Department of Environmental Management.