Maine Department of Environmental Protection Div. of Materials Management, Attn: Geraldine Travers

17 State House Station Augusta, ME 04333-0017 Telephone: (207) 287-7688 THIS FORM REPLACES ALL PRIOR VERSIONS MARCH 2018

BIOMEDICAL WASTE GENERATOR REGISTRATION FORM (Pursuant to 38 M.R.S.A. Section 1319(O) and 06-096 CMR 900)

| | (| | | | | | | |
|---|--|--|--|--|--|--|--|--|
| Is this an application for a new biomedical waste generator registration number? Yes No If yes, please remit the \$50 initial registration fee with this form. See Section #7 below. If no, your existing biomedical generator registration number must be included in Section #2A below. | | | | | | | | |
| Section 1: | Registrant Information (This is the entity that owns the facility where biomedical waste is generated.) | | | | | | | |
| A. | Full Legal Name: | | | | | | | |
| B. | Mailing Address: | | | | | | | |
| | City: State: """Zip Code (+4): | | | | | | | |
| C. | Telephone #: " " "Web site URL: | | | | | | | |
| D. | . Employer Identification Number (EIN): | | | | | | | |
| Section 2: | <u>Generator Information</u> (This is the specific location where biomedical waste is generated.) | | | | | | | |
| A. | Biomedical Waste Generator Registration Number (if previously assigned): | | | | | | | |
| B. | Facility Name: | | | | | | | |
| C. | Street Address: | | | | | | | |
| | City: State: """" \ ip Code (+4): " | | | | | | | |
| D. | . Mailing Address: (If different from Street Address) | | | | | | | |
| | City: State: """"""Zip Code (+4): " | | | | | | | |
| E. | Telephone #:'""" " | | | | | | | |
| F. If you no longer generate biomedical waste, please check here, provide date of closure, sign and return this form. This facility closed on this date, | | | | | | | | |
| Section 3: | <u>Primary Type of Facility</u> (Please check only one) | | | | | | | |
| ☐ A. B. C. ☐ D. ☐ E. ☐ F. G. | Blood Bank | | | | | | | |

P. Municipality/School

1

H. Dentist

| Section 4: | Average | Quantity of | t Biomedical Waste Genera | ated/month | | | | | |
|------------|---|---------------|---|------------------|--|--|--|--|--|
| |] A. S | SMALL: | Less than 10 lbs. per month | ı on average | | | | | |
| |] B. 1 | MEDIUM: | 10 lbs. to less than 50 lbs. p | er month on aver | rage | | | | |
| |] C. I | LARGE: | 50 lbs. or more per month of | on average | | | | | |
| | | | escription of the wastes subjected/rules/06/096/096c900.doc | | see Chapter 900, Section 7 of the DEP's rules | | | | |
| Section 5: | Managen | nent of Bio | medical Waste | | | | | | |
| A. | Is the faci | ility claimin | ng small quantity generator st | tatus? | ∕es □ No | | | | |
| [Note: | See Chapt | ter 900, Sec | tions 4 and 11 for guidance | http://www.main | e.gov/sos/cec/rules/06/096/096c900.doc | | | | |
| B. | Has the fa | acility devel | loped a written biomedical w | aste managemen | nt plan? Yes No | | | | |
| C. | C. Person responsible for biomedical waste management at the facility. | | | | | | | | |
| | Name: | | | | | | | | |
| | Title: | | | | | | | | |
| | Mailing Address: | | | | | | | | |
| | City: | | State: | : '"""Zip C | ode (+4): " | | | | |
| | Telephone | e #:'""""" | " " Email | l: | | | | | |
| | | | | | | | | | |
| Section 6: | Incorpor | ation Docu | mentation | | | | | | |
| | | | attach a copy of your Informe.org/nei-sos-ic | | ary Sheet, available from the Secretary nPage=x | | | | |
| A. | Initial R | egistration | e the appropriate fee, where a fee for all Generators = ees: Small = \$25 Med | * * * | Large = \$500. | | | | |
| | The Department bills you for the Annual Renewal fees. Do not include a renewal fee with your registration form, unless you are increasing your generation amount per month such that the increase | | | | | | | | |

would put you into a larger generation category.

Section 8: Certification

By signing this form, I certify that all information is accurate and complete, and that I will comply with all applicable laws and regulations concerning the management of biomedical waste. I am aware that there are substantial penalties for falsification or misrepresentation of information submitted to the Department of Environmental Protection as part of this registration application.

| | Thank you. | |
|-------|---|-------|
| | Signature: | |
| Date: | Owner or Authorized Employee (Please type or print) | Title |