



California Medical Waste Management Program TRAUMA SCENE AND MEDICAL WASTE TRANSPORTER IDENTIFICATION/FACILITY UTILIZATION

Mail to:
California Department of Public Health
Medical Waste Management Program
MS 7405
P.O. Box 997377
Sacramento, CA 95899-7377

- This is an application for:** **Trauma Scene Practitioner (TSWMP)**
 Medical Waste Transporter

Trauma scene practitioner number (for renewals)		Hazardous waste hauler registration number (Transporter Applicants ONLY):		DTSC Registration Expiration Date: (Transporter Applicants ONLY):	
Owner's name		Operator's name			
Company name		Mailing address		City	State ZIP code
Telephone number ()	FAX number	EMAIL OR WEB Address:		Contact person	

✓ Important: A copy of the service agreement with the off-site treatment facility is **REQUIRED**. For trauma scene waste practitioner renewals, also include recent proof of disposal or pickup contract.

✓ Vehicle Information (Below)—Use Additional Sheet if Necessary:

Year	Make	Model	Cargo Body Capacity (in Cubic Feet)	Cargo Body Capacity (in lb.)	Vehicle ID Number	License Number	Vehicle Type (truck, van, tractor only, trailer only, roll-off container)

✓ Provide information on the medical waste transfer station and/or treatment facility used.

Facility Utilized	Facility Address (City/State/ZIP code)	Off-Site Treatment	Transfer Station
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

For Medical Waste Transporters: Annually provide the Department with a list of all medical waste generators serviced during the previous 12 months and updated vehicle information (HSC, Section 118029). Also, pursuant to HSC, Section 118040, provide a copy of the medical waste tracking document utilized. Attach additional sheets when necessary to complete your response.

For Trauma Scene Practitioners: The initial and renewal fee is \$200.