



Transfer Station and Treatment Facility Disclosure Statement

Section I: Cover Page

Filing Status: <input type="checkbox"/> Facility		
Business Type (check only one): <input type="checkbox"/> Corporation <input type="checkbox"/> General Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Limited Liability Company		
Filing with SEC Exemption? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Exempt from fingerprint Requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Applicant Legal Name & Previous Name(s):		
Registration No.	Federal Employer ID No.	
Street Address (No PO Box):		
City:	State:	Zip Code:
Business Phone Number:		
Business Fax Number:		
E-mail Address:		
Mailing Address (If different from Business Address, P.O. Box is Acceptable)		
City:	State:	Zip Code:
Is the applicant required to submit a Disclosure Statement for medical waste facility Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If the answer is "Yes," was a Disclosure Statement submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," when was the Disclosure Statement submitted? Month:		Year:
List the name on the Disclosure Statement:		

If you have filed a Disclosure Statement within the last two years or have filed a Disclosure Statement for a medical waste facilities permit, complete this page, Section V: Declaration only, and submit the Disclosure Statement to:

California Department of Public Health
 Medical Waste Management Program
 MS 7405, IMS K-2
 P.O. Box 997377
 Sacramento, CA 95899-7377

Applicant Legal Name & Previous Name(s):	
Registration No.	Federal Employer ID No.

Section III: Business Entity Disclosure

Identify all partners, members, officers, directors, managers, trustees, controlling persons, or any person holding more than 5% equity or debt liability in the business entity. For transporters, you must submit a photocopy of a valid driver license for each person listed below.

**See Information Practices Notice, Page 2 of the Disclosure Statement Instructions for information related to the disclosure of personal and confidential information.*

Name_____	Title_____	%Ownership_____
SSN_____	Driver License #_____	Issuing State_____
Name_____	Title_____	%Ownership_____
SSN_____	Driver License #_____	Issuing State_____
Name_____	Title_____	%Ownership_____
SSN_____	Driver License #_____	Issuing State_____
Name_____	Title_____	%Ownership_____
SSN_____	Driver License #_____	Issuing State_____
Name_____	Title_____	%Ownership_____
SSN_____	Driver License #_____	Issuing State_____
Name_____	Title_____	%Ownership_____
SSN_____	Driver License #_____	Issuing State_____

If additional space is needed, attach as many copies of this sheet as necessary.

<p>List all fictitious (DBA) names that the business currently operates under: (add additional pages as necessary):</p> <p>Has the business ever operated under another name(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, list the name(s) here: (Add additional pages as necessary)</p> <p>Applicant Legal Name & Previous Name(s):</p>		
<table border="1"> <tr> <td>Registration No.</td> <td>Federal Employer ID No.</td> </tr> </table>	Registration No.	Federal Employer ID No.
Registration No.	Federal Employer ID No.	

Applicant Legal Name & Previous Name(s):	
Registration No.	Federal Employer ID No.

Section IV: Background Information

Please read the following questions very carefully and answer every question.

Business History Questions	Answer
<p>Has the business entity or any of its partners, members, controlling persons, officers, directors, managers, trustees, or any person holding more than 5% equity or debt liability in the business entity ever been convicted of committing a crime within the last five years?</p> <p>A conviction for the purposes of this disclosure statement includes a plea of guilty or nolo contendere, or a verdict or finding of guilt, regardless of whether sentence is imposed by the courts. You do not have to disclose arrests that did not result in a conviction and for which you are not awaiting final adjudication; any arrest, conviction or other proceeding the record of which has been sealed or destroyed by order of a court.</p> <p>If you answer Yes, you must include <i>ATTACHMENT 1- Record of Criminal Cases</i> (making as many copies as necessary) for each conviction.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the business entity or any of its partners, members, controlling persons, officers, directors, managers, trustees, or any person holding more than 5% equity or debt liability in the business entity ever been involved in a civil proceeding regarding any violation of or non-compliance with the California Health and Safety Code, Water Code, Vehicle Code, RCRA (42 USC section 6901 et seq.), HMTA (49 USC section 1801 et seq.), CERCLA (42 USC section 9601 et seq.), TSCA (15 USC section 2601 et seq.) or any other equivalent state or federal statute or any requirement or regulation adopted pursuant and relating to the generation, transportation, treatment, storage, recycling, disposal or handling of a medical waste, medical substance or medical material within the last five years?</p> <p>A civil proceeding for the purposes of this disclosure statement includes any civil action filed in a court of law, regardless of whether a judgment is issued by the courts.</p> <p>If you answer Yes, you must include <i>ATTACHMENT 2- Record of Civil Cases</i> (making as many copies as necessary) for each civil proceeding.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the business entity or any of its partners, members, controlling persons, officers, directors, managers, trustees, or any person holding more than 5% equity or debt liability in the business entity ever been involved in an administrative proceeding regarding any violation of or non-compliance with the California Health and Safety Code, Water Code, Vehicle Code, RCRA (42 USC section 6901 et seq.), HMTA (49 USC section 1801 et seq.), CERCLA (42 USC section 9601 et seq.), TSCA (15 USC section 2601 et seq.) or any other equivalent state or federal statute or any requirement or regulation adopted pursuant and relating to the generation, transportation, treatment, storage, recycling, disposal or handling of a medical waste, medical substance or medical material within the last five years?</p> <p>An administrative action for the purposes of this disclosure statement includes any action taken by a regulatory agency regardless of whether a hearing was held. Administrative actions include administrative orders issued by local, state and federal regulatory agencies.</p> <p>If you answer Yes, you must include <i>ATTACHMENT 3- Record of Administrative Actions</i> (making as many copies as necessary) for each administrative action.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Legal Name & Previous Name(s):	
Registration No.	Federal Employer ID No.

Business History Questions (continued)	Answer
<p>Has the business entity or any of its partners, members, controlling persons, officers, directors, managers, trustees, or any person holding more than 5% equity or debt liability in the business entity ever had a license, permit, registration or certificate suspended, revoked or denied relating to the generation, transportation, treatment, storage, recycling, disposal or handling of a medical waste, medical substance or medical material by a local, state, or federal regulatory agency within the last five years?</p> <p>A license, permit, registration, or certificate for the purposes of this disclosure statement includes any authority or privilege granted by a federal, state or local regulatory agency.</p> <p>If you answer Yes, you must include ATTACHMENT 3- Record of Administrative Actions (making as many copies as necessary) for each administrative action.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the business entity or any of its partners, members, controlling persons, officers, directors, managers, trustees, or any person holding more than 5% equity or debt liability in the business entity held or applied for a license, permit, registration or certificate relating to the generation, transportation, treatment, storage, recycling, disposal or handling of a medical waste, medical substance or medical material by a local, state, or federal regulatory agency within the last five years? .</p> <p>A license, permit, registration, or certificate for the purposes of this disclosure statement includes any authority or privilege granted by a federal, state or local regulatory agency.</p> <p>If you answer Yes, you must include ATTACHMENT 4- Record of Permits, Licenses and Registrations (making as many copies as necessary).</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are there any agencies outside of the state of California who regulate, or who have regulated the business entity in the generation, treatment, storage, recycling, disposal, or handling of medical waste or medical material, within the last five years?</p> <p>If you answer Yes, you must include ATTACHMENT 5- Record of Regulatory Agencies (making as many copies as necessary).</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Legal Name & Previous Name(s):	
Registration No.	Federal Employer ID No.

Section V: Declaration

The person named as the applicant in the foregoing disclosure statement, declares:

I have carefully read the questions in the foregoing disclosure statement and have answered them truthfully, fully and completely, without mental reservations of any kind.

I declare under penalty of perjury under the laws of the State of California that my answers to the foregoing disclosure statement and all statements made by me herein are true and correct.

Executed On _____ At _____
Date Street and number

City, State Zip

SIGN
HERE: _____
Signature of Declarant

The completed Disclosure Statement (including all applicable attachments) shall be submitted to:

**California Department of Public Health
 Medical Waste Management Program
 MS 7405, IMS K-2
 P.O. Box 997377
 Sacramento, CA 95899-7377**

INSTRUCTIONS

Please read these instructions carefully. Applicants are required to comply with all applicable requirements. The completed Disclosure Statement must be typed or printed legibly in ink. This form cannot be completed on computer. It must be printed, then filled out.

In answering questions applicants should remember the following:

- You must complete all the sections of the Disclosure Statement. If a section does not apply to you, do not leave it blank, instead write "Does Not Apply" in the section and include it with your Disclosure Statement. Failure to respond to any portion of the Disclosure Statement will result in the Disclosure Statement being rejected and returned to the applicant.
- Make sure all of the pages included with the Disclosure Statement are numbered, including the total number of pages. The page numbers are located at the bottom of each page.
- The Declaration must be signed by an authorized person as follows:

Sole Proprietorship:

The individual who owns the business.

Partnerships:

The general or managing partner.

Corporations:

A corporate officer authorized to make management decisions that govern the conduct of medical waste activities.

Limited Liability Company:

A manager who is authorized to make management decisions that govern the conduct of medical waste activities.

If you have questions regarding completion of the Disclosure Statement, please contact the California Department of Public Health (CDPH), Medical Waste Management Program at (916) 449-5661. A properly completed Disclosure Statement will reduce the likelihood of delay in processing.

INFORMATION PRACTICES NOTICE

The Disclosure Statement Form requires personal and confidential information.

- (a) This information is required by the Medical Waste Management Program of CDPH.
- (b) Maintenance of this information is the responsibility of:

Chief
Medical Waste Management Program
Department of Public Health
MS 7405, IMS K-2
P.O. Box 997377
Sacramento, CA 95899-7377
(916) 449-5671

- (c) The requirement for submittal of a Disclosure Statement is authorized by California Health and Safety Code Section 118155(d) and Title 22, CCR, Section 65625(a)(9)..
- (d) Failure to provide complete information of the Disclosure Statement will likely result in delays in processing and return of the incomplete forms for revision. Failure to provide statutorily-required information that is both complete and accurate may also result in denial of an application for a medical waste facility permit and/or may result in administrative, civil or criminal prosecution.
- (e) The information in the Disclosure Statement is used principally for determining the approval of an application for a medical waste facility permit, medical waste transporter registration, or other medical waste facility grant of authorization.
- (f) Personal and confidential information included on the Disclosure Statement will be released only to appropriate agencies with law enforcement responsibility. No other persons may receive the information without explicit statutory authority or a court order.

Individuals who are described in a Disclosure Statement will have a right to access personal information pertinent to them in accordance with the California information Practices Act, California Civil Code section 1798.34.

California Health and Safety Code (HSC), Sections 118130 through 118210 authorizes the California Department of Public Health, Medical Waste Management Program (Department) to review the permit application and approve it prior to any operation of a medical waste treatment facility and/or transfer station.

In order to meet this requirement, the following individuals listed within the Disclosure Statement must complete both the fingerprint requirement and the background summary check (via Livescan):

- (a) The sole proprietor:
- (b) The partners:
- (c) Any officers, directors, or partners, if the applicant is a business concern:
- (d) All persons or any officers, partners or any directors, if there are no officers, of a business concern holding more than five percent of the equity in, or debt liability of the applicant (if the debt liability is held by a lending institution, the applicant shall only supply the name and address of the lending institution).

NOTE: In some instances, individuals or businesses may be exempt from either the fingerprint and/or the background summary requirements. To determine if you meet the exemption criteria, please refer to Corporate Exemptions from Disclosure Statement and Fingerprint Requirements provided below.

FINGERPRINT IMAGES AND BACKGROUND CHECK REQUIREMENT

California Residents:

In order to complete the fingerprint/background check requirement, applicants residing in California can visit any Applicant Live Scan satellite location where fingerprint images and related data are electronically transmitted to DOJ. Applicant Live Scan information and fingerprint locations (including hours of operation and costs related to live scan fingerprinting) can be obtained on the DOJ website at <http://oag.ca.gov/fingerprints>.

Live Scan operators must verify the identity of the applicant prior to fingerprinting by requiring valid photo identification. Examples of valid identification are a California driver license, valid

out-of-state driver license, California Department of Motor Vehicles ID card, military card, passport and alien registration card/immigration/green card. Applicants are encouraged to contact the Live Scan location to determine if an appointment for fingerprinting is recommended.

Following receipt by DOJ, the fingerprint images and background summaries are electronically processed by the DOJ Networked AFIS Transaction Management system. Live Scan submissions, which have no data or quality errors and do not result in possible criminal history matches, are processed automatically and DOJ will provide an electronic response to a secured fax machine within CDPH Medical Waste Management Program. DOJ will also coordinate other electronic processes resulting from the automated submissions of fingerprints including forwarding the fingerprints to the FBI.

Applicants are to inform the Applicant Live Scan operator of ORI Code Number A7439, and Mail Code 00789, which identifies CDPH as the agency to which DOJ will provide responses related to fingerprints and criminal background summaries.

Other States:

For applicants residing in states other than California, "rolled" fingerprint cards will need to be submitted to DOJ and the FBI. In order to obtain needed fingerprint cards (Form FD-258), please contact CDPH at (916) 449-5661. Each applicant will be required to submit two fingerprint cards (one for DOJ and one for the FBI). Please note that a check, made payable to the Department of Justice in the amount of \$51.00 is required for each applicant submitting fingerprint cards.

CORPORATE EXEMPTIONS FOR SUBMITTAL OF DISCLOSURE STATEMENT AND FINGERPRINT REQUIREMENTS

Some corporations are exempt from submitting the Disclosure Statement and/or from the fingerprint/criminal background summary requirements. Public corporations that are listed by the Securities and Exchange Commission (SEC) or are wholly owned subsidiaries of a SEC listed company are exempt from the requirement to submit fingerprints. To also be exempt from the Disclosure Statement requirement, a corporation must have operated a medical waste facility or interim status facility in California as of January 1, 1991.

Corporations claiming these exemptions must still report all missing biohazardous wastes of concern and must meet all of the requirements of Health and Safety Code section 25112.5(b) and (c). If a company believes that it qualifies for these exemptions, it is required to submit a letter to CDPH providing an explanation of this exemption eligibility.

The following corporations are exempt from one or both of these requirements:

- (a) A corporation, the stock of which is listed on a national securities exchange and registered under the Securities Exchange Act of 1934 (Title 15 of the United States Code sec. 78a et seq.) or a subsidiary of such a corporation, is not subject to the fingerprint requirement of Health and Safety Code section 25112.5(a).
- (b) Corporations with stock listed on a national securities exchange or on the National Market System of the NASDAQ Stock Market and registered under the Securities Exchange Act of 1934 (15 U.S.C. Sec. 78a et seq.) or a subsidiary of that corporation, in lieu of submitting a Disclosure Statement, may submit to CDPH copies of all period reports, including, but not limited to, those reports required by section 78m of Title 15 of the United States Code and Part 229 (commencing with section 229.10) of Chapter II of Title 17 of the Code of Federal Regulations that the corporation or subsidiary has filed with the Securities and Exchange Commission the three years immediately preceding the submittal.

Section I: Cover Page

- Filing Status: Check the application box.
- Business Type: Check the applicable box.
- Filing with SEC Exemption? See instructions, page 4, "CORPORATE EXEMPTIONS FOR SUBMITTAL OF DISCLOSURE STATEMENT AND FINGERPRINT REQUIREMENTS."
- Exempt from fingerprint Requirement? See instructions, page 4, "CORPORATE EXEMPTIONS FOR SUBMITTAL OF DISCLOSURE STATEMENT AND FINGERPRINT REQUIREMENTS."
- Applicant Legal Name: The name of the business if your business is a corporation, limited liability company or partnership. If you are a sole proprietorship (including DBA's) you should put the name of the individual who owns the business. List any other names that you have used in the past.
- Registration No.: This is the number (up to 4 digits) issued to you by DTSC on your hazardous waste transporter registration.
- Federal Employer ID No.: This is the 9 digit number issued to your business by the Internal Revenue Service. This number is also known as a federal tax identification number. If you are a sole proprietor and do not have any employees, or are otherwise exempt, write in "not applicable."
- Business Address: This is a physical address. You may not use a post office box or the address of a commercial mail receiving business. This must be an actual address where the business is located.
- Business Phone Number: This may be a phone number for general business, i.e., answered by a receptionist or dispatcher.
- Business Fax Number: If you do not have a Fax number, write "not applicable."
- Mailing Address: You may use a post office box or a commercial mail receiving business for this address.

Section II: Facility Identification

Provide the EPA ID Numbers that apply to the business entity. Include the name that is associated with the EPA ID Number. Use the provided boxes to identify the number as pertaining to a facility, generator, or transporter.

If there is not enough space to list all EPA ID Numbers, make copies of this section and attach.

Section III: Business Entity Disclosure

Identify all individuals that are associated with your business and are required to be identified by Health and Safety Code section 25112.5.

Fictitious Names: Identify all DBAs (doing business as) and any other names the business may operate under. Identify names that the business has operated under in the past.

If there is not enough space to list all names, make copies of this section and attach.

For Transporters

You must submit a photocopy of a valid driver license for each person listed in this section.

Section IV: Background Information

Read the questions very carefully. Answer the questions completely and honestly. An incomplete or untruthful answer may result in the return of your Disclosure Statement or initiation of an enforcement action against you.

Section V: Declaration

Make sure to write in the date and location where the declaration was signed. An unsigned or incomplete declaration will result in your Disclosure Statement being returned. The declaration must be signed in ink. Do not complete using an electronic or duplicated signature. A declaration without an original signature will result in your Disclosure Statement being returned.

Attachment 1 - Record of Criminal Cases (within the last five years)

Complete and attach as many sheets as necessary. A separate sheet must be submitted for each individual with a criminal record identified in Sections I and II.

If you are an individual and have not already completed this information in Section I, provide the following personal identification information:

Driver license No.: Provide both the license number and the issuing state.

Sex: Use the following abbreviations: Male: M, Female: F

Height: Height in feet and inches. Example: 5' 6", 6' 2"

Weight: Weight in pounds. Do not list fractions of a pound.

Eyes: Use the following abbreviations for eye color: Black: BLK, Brown: BRN, Blue: BLU, Green: GRN, Gray: GRY, Hazel: HAZ, Maroon: MAR, Pink: PNK

Hair: Use the following abbreviations for hair color: Bald: BAL, Black: BLK, Blond or Strawberry blond: BLN, Brown: BRN, Gray or partially gray: GRY, Red or Auburn: RED, Sandy: SDY, White: WHI.

Date: List the date of the arrest.

Arresting Agency: Identify the arresting agency, including the location as appropriate.

Charge: List the charge that was on the booking or arrest document. Include the applicable statute; for example, Health and Safety Code, Penal Code, Vehicle Code, United States Code, Arizona Revised Statutes, Nevada Revised Statutes, Oregon Revised Statutes. Abbreviations may be used.

Disposition: The disposition should indicate whether the charge was dropped or changed to another charge. If the case was resolved, indicate the result, conviction, plea, finding of not-guilty, release, dismissal, etc. Indicate the date of the action.

Note: Arrests and dispositions that have been ordered by a court to be deleted, destroyed, or sealed do not have to be disclosed. **Convictions dismissed or set aside pursuant to California Penal Code section 1203.4 must be disclosed.**

Attachment 2 - Record of Civil Cases (within the last five years)

Identify all Civil Actions filed against the applicant or business entities or individuals initiated by a local, state, or federal regulatory agency for violations of environmental laws, regulations or requirements. Identify all civil actions filed by a regulatory agency for violations of transportation related laws and regulations.

Note: you must identify all civil actions regardless of resolution.

Attachment 3 - Record of Administrative Actions (within the last five years)

Identify all administrative actions taken by a local, state, or federal regulatory agency for violations of environmental laws, regulations, or requirements, including permit conditions. Identify all administrative actions taken by any local, state, or federal agency to suspend, revoke or deny the issuance of a permit, license, registration or certificate.

Note: You must identify all administrative actions regardless of resolution.

Attachment 4 - Record of Permits, Licenses, and Registrations (within last five years)

Identify and describe all permits, licenses and registrations (applied for or held by) for the generation, transportation, treatment, storage, recycling, disposal, or handling of medical waste or medical materials. Include the name of the issuing agency and any permit, license, or registration number.

Note: List all permits, licenses, and registrations applied for or held under any other previous name.

Attachment 5 - Record of Regulatory Agencies (within last five years)

Identify and describe all agencies outside of the state of California that regulate or have regulated the business entity in the generation, treatment, storage, recycling, disposal, or handling of medical waste or medical material.