



California Medical Waste Management Program TRAUMA SCENE WASTE MANAGEMENT PRACTITIONER (TSWMP) APPLICATION

Company Name	WEB Address	Number of Vehicles Used to Transport Waste: <input type="text"/>	For Renewals: TSWMP # _____
Mailing Address: <i>Select one address to list on the Department's website:</i> <input type="checkbox"/>	City	State	ZIP Code
			Phone Number () ()
			Fax Number () ()
Physical Address: <i>Select one address to list on the Department's website:</i> <input type="checkbox"/>	City	State	Zip Code
			Phone Number () ()
			Fax Number () ()
Owner Name	Phone Number () ()	Email	
Contact Name	Phone Number () ()	Email	
Place of business utilized for medical waste storage: <input type="checkbox"/> Yes <input type="checkbox"/> No		Utilizing medical waste mail-back system: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of freezers utilized for medical waste storage on premises: <input type="text"/>			

Provide medical waste transporter information if utilizing a registered hazardous waste hauler to transport trauma scene waste to a permitted transfer station (TS) or treatment facility (TSOST). Otherwise leave blank.

Hauler ID	Company Name	Telephone Number	Address

Provide information on the permitted medical waste TS and/or TSOST used or list mail-back company receiving waste

TS/TSOST ID	Permitted Facility Utilized or Mail-back Information	Facility Address (City/State/ZIP code)	Off-Site Treatment	Transfer Station
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

I certify under penalty of perjury that the information contained in this application is true and accurate to the best of my knowledge and belief.

Authorized Representative	Title
Signature	Date

REQUIRED DOCUMENTS:

- ✓ A copy of the current year service agreement with hauler(s), transfer station(s), off-site treatment facility(s), or mail-back system invoice.
- ✓ \$200 check (made out to **Medical Waste Management Fund**) for renewal and initial application fee.

Mail to:

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