



## California Medical Waste Management Program Large Quantity Generator with Onsite Treatment Permit Application

<b>Facility Name</b>				<b>County*</b>	
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Telephone</b> (     )	
<b>Mailing address (if different from above)</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Fax</b> (     )	

\*Consult with CDPH prior to applying if you are unsure if CDPH is the enforcement agency for medical waste in your county.

### 1. Type of Treatment

Check the appropriate box to indicate the type of treatment that will be used at the facility:

- Steam sterilization; include brand, model, capacity & number of sterilizer(s)
- Other (Must have CDPH approval as an Alternative Treatment Technology)

### 2. Type of Application

Check the appropriate box below to indicate the status of the facility for which the application is being submitted:

- Permit Renewal  New Permit
- Transfer of Facility Ownership

**3. Plan:** Provide a Medical Waste Management Plan, per the Medical Waste Management Act of the Health and Safety Code; §117960(a-k). For permit *renewals*: do not include a Plan, unless significant revisions have been made since the facility’s last inspection. All renewal applications shall provide the average monthly weight and/or volume of medical waste generated. All renewals must state any significant changes made to the facility, the treatment unit or related equipment.

**4. Facility Site Map:** For *new* permits, provide a map extending for one mile beyond the property boundary, including access roads, residential development, schools, etc. Additionally, provide a drawing of the treatment unit area and outside storage area.

**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.**

<b>Authorized Representative</b>	<b>Title</b>
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<b>Signature</b>	<b>Date</b>
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For new permits, the Department must approve the permit application prior to the facility treating medical waste. The permit is valid for 5 years. Ninety (90) days prior to the expiration date, the applicant shall file for renewal of the permit.

The fee for a *new* permit can be found at on the CDPH Form 8662.

There is no fee for a revised permit or transfer of ownership.

**Mail the application and fee (if applicable) to:**

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

**Or UPS, DHL, USPS, FedEx, etc., to:**  
California Department of Public Health  
Medical Waste Management Program  
1616 Capitol Ave., 2nd Floor, (MS 7405)  
Sacramento, CA 95814

**Or Fax to:**

(916) 449-5665

For more information visit the Department of Public Health web site at <http://www.cdph.ca.gov/certlic/medicalwaste>, or phone (916) 449-5671.