

## Medical Waste Management Program



# Small Quantity Generator with Onsite Treatment Permit Application

Facility			
Facility Name: County*:		County*:	
Street Address:			
City:	Zip Code:		
Mailing Address (if different from above):			
City:	Zip Code:		
Telephone:	Email:		
*Consult with CDPH prior to applying if you are unsure if CDPH is the enforcement agency for medical waste in your county.			
Type of Treatment			
Steam sterilization			
Brand:			
Model:			
Related capacity/cycle:			
Average Monthly Quantity of Waste Treated:			
Other treatment type*:			
*Alternative technology treatment methods treatment permit.	approved by CDPH o	do not require an onsite	
Type of Application			
☐ New*	Renewal	Renewal	
☐Transfer of Facility Ownership	Revision	Revision	
Existing LQG# (if applicable):			
*For new permits, the Department must app facility treating medical waste. The permit is the expiration date, the applicant shall file for	s valid for 5 years. N	linety (90) days prior to	
Certification			
I certify under penalty of perjury that the info and accurate to the best of my knowledge a		n this application is true	
Authorized Representative:		Title:	
Signature:		Date:	

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## **Waste Plan**

For new registrations, provide a Medical Waste Management Plan, as requested in the Medical Waste Management Act (MWMA), Health and Safety Code (HSC) §117935(a-f). For permit renewals: do not include a Plan, unless significant revisions have been made since the facility's last inspection.

## **Mailing Instructions and Fees**

The registration is valid for 2 years. There is no fee for a revision or for a transfer of ownership. The fee for a SQGOST registration is \$100 (paid every 2 years), payable by check to the Medical Waste Management Fund.

### Mail the application and fee to:

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

#### Or courier to:

California Department of Public Health Medical Waste Management Program 1725 23rd St, Ste 110 Sacramento, CA 95816

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