

DH use only: Check No.	Check Amount
Date Received	Receipt No.
Permit No.	Date Issued

Department of Health

Application for Biomedical Generator Permit/Exemption

A biomedical waste generator is required to apply for an annual biomedical waste permit and abide by the requirements of Chapter 64E-16, Florida Administrative Code (F.A.C.). The initial permit fee is \$85.00. Permits expire September 30 of each year. The permit fee for renewal applications received by October 1 is \$85.00. The permit fee for renewal applications received after October 1 is \$105.00. State-owned and operated facilities are exempt from the permit fee. Submit the following information on this form to your local Department of Health Biomedical Waste Coordinator.

FOR CURRENTLY PERMITTED GENERATORS ONLY: A currently permitted biomedical waste generator, that produces less than 25 pounds of biomedical waste in each 30 day period, may claim an exemption from the fee and permitting requirements only of Chapter 64E-16, F.A.C. A currently permitted biomedical waste generator applying for exemption from permitting must submit documentation from the previous 12 months showing the biomedical waste generated in each 30 day period during those 12 months was less than 25 lbs. Documentation must include the amount of waste generated in each 30 day period for the previous 12 months and may be in the form of a monthly log or receipts.

Application for (choose one): (Applicant must by a legal entity, i.e., individual, part		Exemption (attach appropri	ate documentation)	
2. Facility Name:				
3. Facility Address:				
	Street	City	State Zip Code	
4. Contact Person:		Te	elephone: ()	
5. Name of Facility Owner:				
6. Mailing Address of Facility Owner	Street	City	State Zip Code	
7. Business Phone:	**,	24-Hour Emergency Phone	e: ()	
8. Name of Property Owner:	-	Ç ,	· /	
9. Mailing Address of Property Owner _				
	Street	City	State Zip Code	
). Type of Waste Generated:	Sharps	No	Non-Sharps	
Method of Removal (Check one)	1. By applicant, to where:			
-	2. By transporter, company	•	lbs.	
	2. By transporter, company generated during any 30-day perio	iod:	lbs. address and phone number of branch office	
2. Maximum weight of biomedical waste of 3. Branch offices: Yes	2. By transporter, company generated during any 30-day perio	iod:		
2. Maximum weight of biomedical waste of a Branch offices: Yes eck Type of Facility: 01. Hospital 02. Funeral Home	2. By transporter, company generated during any 30-day perion No If yes, attach s	iod:	address and phone number of branch office	
2. Maximum weight of biomedical waste of a. Branch offices: Yes eck Type of Facility: 01. Hospital	2. By transporter, company generated during any 30-day perion No If yes, attach s 07. Dentist 08. Podiatrist 09. Osteopath	iod:	address and phone number of branch office 13. Surgical Center/Walk-in Clinic 14. Blood Banks	
2. Maximum weight of biomedical waste of a. Branch offices: Yes eck Type of Facility: 01. Hospital	2. By transporter, company generated during any 30-day perioder and the second	sheet with complete name, a	address and phone number of branch office 13. Surgical Center/Walk-in Clinic 14. Blood Banks 16. Abortion Clinics	
2. Maximum weight of biomedical waste of a. Branch offices: Yes eck Type of Facility: 01. Hospital	2. By transporter, company generated during any 30-day perion No If yes, attach s 07. Dentist 08. Podiatrist 09. Osteopath	clinic	address and phone number of branch office 13. Surgical Center/Walk-in Clinic 14. Blood Banks	
2. Maximum weight of biomedical waste of the seck Type of Facility: 01. Hospital	2. By transporter, company generated during any 30-day perioder in the second s	Clinic the biomedical waste get Chapter 64E-16, F.A.C. That that any misrepresent revocation of the biomedic	address and phone number of branch office 13. Surgical Center/Walk-in Clinic 14. Blood Banks 16. Abortion Clinics 17. Other (specify)	
2. Maximum weight of biomedical waste of the seck Type of Facility: O1. Hospital	2. By transporter, company generated during any 30-day period No If yes, attach s 07. Dentist 08. Podiatrist 09. Osteopath 10. Home Health 11. State Laboratory/Collinical Laboratory ative hereby agrees to operate a 381.0098, Florida Statutes, and on, is true and correct. I underst for denial, administrative fine or ance with the generator's written of the statute	Clinic the biomedical waste get Chapter 64E-16, F.A.C. That that any misrepresent revocation of the biomedic	address and phone number of branch office 13. Surgical Center/Walk-in Clinic 14. Blood Banks 16. Abortion Clinics 17. Other (specify) 18. Tattoo/Body Piercing Interesting facility described in this application, are information contained in this application, or faical waste permit or exemption. Biomedical solan must be in compliance with 64E-16, F.A.	