



California Medical Waste Management Program Generator Registration Application

Facility Name			County*
Address (number, street)	City	ZIP code	Telephone ()
Mailing address (if different from above)	City	ZIP code	Fax ()

Type of Application

- Small Quantity Generator (SQG)*:** Your facility generates less than 200 pounds of medical waste per month.
- Large Quantity Generator (LQG)*:** Your facility generates 200 pounds or more of medical waste per month. New applicants must submit a copy of your facility's Medical Waste Management Plan.
- Common Storage Facility (CSF)*:** Any onsite designated accumulation area used by small quantity generators otherwise operating independently, e.g., a medical arts building. Number of generators: _____

***ALL GENERATORS MUST ENTER their facility's registered medical waste transporter _____**

- Change of ownership:** Registration number: _____
- Alternative technology onsite treatment method (if applicable): _____
 - The Limited Quantity Hauling Exemption (LQHE) application is available at:
[202 West 4th Street, Alturas CA 96101](http://202West4thStreetAlturasCA96101)

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

The fee page is available at <http://www.modoccohealthservices.com/id80.html> or by calling (530)233-6310

Mail the application and fee to:

Modoc County Environmental Health
202 West 4th Street
Alturas, CA 96101

Or Fax to: (530) 233-6342