

Facility Name

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

## Department of Health - Broward County Application for Biomedical Waste 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 \$100.00. Permits expire September 30 of each year. The permit fee for renewal applications received by October 1 is \$100.00. The permit fee for renewal applications received after October 1 is \$120.00. 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 permitting requirements <u>only</u> 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.

1.	Application for (choose one):	Permit	Exemption (attach appropriate documentation)			
(Applicant must be a legal entity, i.e.: individual, partnership, corporation, association, or public body)						

3. Facility Address:	treet	City	State	Zip Code	
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5. Name of Facility Owner:					
6. Mailing Address of Facility Owner:					
	treet	City	State	Zip Code	
7. Business Phone: ()		24-Hour Emergency Phone:	( )		
8. Name of Property Owner:					
9. Mailing Address of Property Owner:					
	itreet	City	State	Zip Code	
		Chiy		p 0000	
10. Type of Waste Generated:	Sharps	Non-sharps			
1. Method of Removal (Check One):1. By applicant, to where:					
	2. By transporter, company nam	ne:			
12. Maximum weight of biomedical waste ger	perated during any 30-day period	lbs.			
12. Maximum weight of biomodical watte ger	located adming any oo ady polica.				
13. Branch Offices: Yes	No If yes, attach sheet with	complete name, address and	phone number of	branch office(s).	
Check Type of Facility:			10 0 mails al 0 m		
01. Hospital	07. Dentist			ter/Walk-in Clinic	
02. Funeral Home	08. Podiatrist		14. Blood Banks	3	
03. Dialysis Clinic	09. Osteopath		16 Abortion Clin	icc	
05. Veterinarian	04. Nursing Home 10. Home Health   05. Veterinarian 11. State Laboratory/Clir		16. Abortion Clinics       ic     17. Other (specify)		
06. Medical Doctor	12. Clinical Laboratory		18. Tattoo/Body	• /	
			10. 10.00 DOUY	i loronig	

The undersigned owner/owner's representative hereby agrees to operate the biomedical waste generating facility described in this application in accordance with the requirements of Section 381.0098, Florida Statutes, and Chapter 64E-16, F.A.C. The information contained in this application, which serves as a basis for permitting or exemption, is true and correct. I understand that any misrepresentation of the facts in this application, or failure to comply with sanitary standards, is grounds for denial, administrative fine or revocation of the biomedical waste permit or exemption. Biomedical waste shall be handled within the facility in accordance with the generator's written operating plan. Operating plan must be in compliance with 64E-16, F.A.C.

Signature of Authorized Representative