



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

Department of Health

Application for Biomedical Waste Storage Permit

Pursuant to Chapter 64E-16, Florida Administrative Code (F.A.C.), a facility which stores biomedical waste must obtain an annual permit from the department. 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 biomedical waste facilities are exempt from the permit fee. Submit the following information on this form to your local Department of Health Biomedical Waste Coordinator.

- 1. Application For (Choose One):** _____ **New** _____ **Renewal**
(Applicant must be a legal entity, i.e.: individual, partnership, corporation, association, or public body)
2. Facility Name: _____
3. Facility Address: _____
Street City State Zip Code
4. Contact Person: _____ Telephone: () _____
5. Name of Facility Owner: _____
6. Mailing Address of Facility Owner: _____
Street City State Zip Code
7. Business Phone: () _____
8. 24-Hour Emergency Phone: () _____
9. Name of Property Owner: _____
10. Mailing Address of Property Owner: _____
Street City State Zip Code
11. Describe the general layout and operation of the facility or equipment (attach additional sheets, if necessary):

12. Date of beginning operation: _____
13. List where the biomedical waste will be treated or taken for further storage:

I certify that, to the best of my knowledge, the information provided in this application is true and accurate.

Signature of Authorized Representative Name of Authorized Representative (print or type) Date