



13. List all known facilities where you will be taking biomedical waste for treatment or further storage (attach additional sheets if necessary):

STORAGE	TREATMENT

14. Number of transport vehicles to be used: \_\_\_\_\_  
 NOTE: Each cargo-carrying body is a separate transport vehicle.

15. Please submit the following information for each transport vehicle you wish to register (attach additional sheets, if necessary):

YEAR	MAKE	MODEL	TAG NUMBER	VEHICLE IDENTIFICATION NUMBER

**16. For Renewals Only: Please attach copy of the Biomedical Waste Transporter Annual Report DH 4109.**

**17. CERTIFICATION:**

I certify that, to the best of my knowledge and belief, I understand and will comply with the applicable requirements of Chapter 64E-16, F.A.C., and that the information provided in this application is true and accurate.

\_\_\_\_\_  
 Signature of Authorized Representative

\_\_\_\_\_  
 Name of Authorized Representative (print or type)

\_\_\_\_\_  
 Date