



Trauma Scene Waste (TSW) Management Practitioner Application

Company

Company Name:			TSW#:		
Number of Vehicles used to transport waste:					
Facility Contact Person:			Telephone Number:		
Email:					
Owner:			Telephone Number:		
Email:					
Street Address:					
City:		County:		State:	Zip Code:
Mailing Address:					
City:			State:		Zip Code:
Web Address:					
Place of business used for storage of trauma scene waste? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, how many freezers are on site:					

Medical Waste Hauler and Facility

Provide medical waste transporter information if utilizing a registered hazardous waste hauler to transport trauma scene waste to a permitted transfer station (TS) or treatment facility (TSOST), otherwise leave blank.

Hauler ID	Company Name	Phone Number	Address (City/State/ZIP Code)

Provide information on the permitted medical waste TS and/or TSOST used or list mail-back company receiving waste.

TS/TS-OST ID	Permitted Facility Utilized or Mail-back Information	Facility Address (City/State/ZIP code)	Off-Site Treatment	Transfer Station
			<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
			<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

Certification

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:	

Required Fee

- \$200 check (made out to Medical Waste Management Fund) for renewal and initial application fee.

Mailing Information

Mail the documents and fee to:

California Department of Public Health
Medical Waste Management Program
MS 7405
P.O. Box 997377
Sacramento, CA 95899-7377

Or courier to:

California Department of Public Health
Medical Waste Management Program
MS 7405
1616 Capitol Ave, 2nd Floor
Sacramento, CA 95814