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**REGISTRATION AND FEE SUBMITTAL FORM**  
**REGULATED MEDICAL WASTE DESTINATION FACILITY/INTERMEDIATE HANDLER**

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(Updated March 2021)

**I. GENERAL INFORMATION**

Name of Facility: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location Address:  
(If different from above) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Facility Contact Person: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ FAX Number: (\_\_\_\_) \_\_\_\_\_

Billing Contact Person:  
(If different from above) \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ FAX Number: (\_\_\_\_) \_\_\_\_\_

*RMW: Regulated Medical Waste (N.J.A.C. 7-26-3A)*

**II. TREATMENT/DESTRUCTION PROCESS INFORMATION**

Type of Treatment ('√' all types that apply):

Incinerator

Chemical

- Mechanical
- Other (describe) \_\_\_\_\_

Unit Description:

- A. Manufacturer: \_\_\_\_\_
- B. Model Number: \_\_\_\_\_
- C. Year Manufactured: \_\_\_\_\_
- D. Year Installed: \_\_\_\_\_
- E. Maximum Rated Capacity (lbs/hr): \_\_\_\_\_
- F. Operating Hours Per 24 hr Day: \_\_\_\_\_

Waste Types Processed ('√' all types that apply):

A. Regulated Medical Waste (as described under N.J.A.C 7:26-3A.6)

- Class 1 (Cultures and Stocks)
- Class 2 (Pathological Wastes)
- Class 3 (Human Blood and Blood Products)
- Class 4 (Sharps)
- Class 5 (Animal Waste)
- Class 6 (Isolation Wastes)
- Class 7 (Unused Sharps)

B. Solid Wastes (as described under N.J.A.C 7:26-2.13)

- Type 10 (Municipal)
- Other (describe) \_\_\_\_\_

**III. FACILITY INFORMATION**

Type of Facility ('√' check all types that apply):

Destination Facility (Treats and Destroys Regulated medical Waste)

Intermediate handler (Treats or Destroys Regulated medical Waste)

Status of Facility ('√' check one type that applies):

Commercial (Please provide a copy of your site specific approval pursuant to N.J.A.C. 7:26-3A.40(c)4 and N.J.A.C. 7:26-3A.47(b)2. If you do not have this, you cannot register)

Noncommercial (Please provide a copy of your site specific approval pursuant to N.J.A.C. 7:26-3A.40(c)4 and N.J.A.C. 7:26-3A.47(b)2. If you do not have this, you cannot register)

Is this RMW facility included in the county plan in the county in which you propose to conduct RMW processing activities (N.J.A.C. 7:26-6.10 (b)7 and N.J.A.C. 7:26-6.11(b)3)? (please provide documentation) \_\_\_\_\_

Projected RMW Quantity received from other generators for treatment and/or destruction (lbs/year): \_\_\_\_\_

Projected RMW Quantity Generated by the applicant (not received from other generators) to be treated and/or destroyed (lbs/year): \_\_\_\_\_

Total Projected RMW Quantity Processed (lbs/year): \_\_\_\_\_

The facility will receive RMW for processing from ('√' check one):

RMW Transporters

Other generators wholly owned or controlled by the applicant facility's owner/operator or its parent company

Other generators not owned or controlled by the applicant or its parent company

Other generators, some of which are owned or controlled by the applicant and some of which, are not.

Are each of the generators from whom you will receive RMW for processing registered with the DEP as RMW generators? (circle one)

\*(Yes), please list below (next page)

(No), Please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**IV. FEES**

Facility Type	Quantity of RMW Processed lbs/yr	Status of Facility	
		Commercial	Noncommercial
Destination Facility	Less than 1,000	\$50.00	\$50.00
	1,000 - 10,000	\$500.00	\$500.00
	More than 10,000	\$2,000.00	\$2,000.00
Intermediate Handler	N/A	\$1,500	N/A
	< 1,000	N/A	N/A

**V. OWNER/OPERATOR CERTIFICATION**

I certify that I have personally examined and am familiar with the information submitted in this document and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete.

\_\_\_\_\_  
Name of Owner/Operator (please print or type)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Owner/Operator

\_\_\_\_\_  
Date

*Please complete and return with payment to:*

*Mail Code: 401-02C  
New Jersey Department of Environmental Protection  
Division of Solid and Hazardous Waste  
Bureau of Recycling and Hazardous Waste Management  
P.O. Box 420  
Trenton, NJ 08625-0420  
For assistance, call (609) 984-3438*