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

(Updated November 2010)

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
Solid and Hazardous Waste Management Program
Bureau of Transfer Stations and Recycling Facilities
P.O. Box 420
Trenton, NJ 08625-0420
For assistance, call (609) 292-9880*