Maine Department of Environmental Protection
Bureau of Remediation & Waste Management
Division of Oil & Hazardous Waste Facilities Regulation
17 State House Station
Augusta, ME 04333-0017
Telephone: (207) 287-2651

THIS FORM REPLACES ALL PRIOR VERSIONS
October 2008

BIOMEDICAL WASTE GENERATOR REGISTRATION FORM

(Pursuant to 38 M.R.S.A. Section 1319(O) and 06-096 CMR 900)

Section 1: Registrant Information (This is the entity that owns the facility where biomedical waste is generated.)

A. Full Legal Name:

B. Mailing Address:

City: State: Zip Code: - -

C. Telephone #: ( ) - Web site URL:

D. Employer Identification Number (EIN):

Section 2: Generator Information (This is the specific location where biomedical waste is generated.)

A. Biomedical Waste Generator Registration Number (if previously assigned):

B. Facility Name:

C. Street Address:

City: State: Zip Code: -

D. Mailing Address: (If different from Street Address)

E. City: State: Zip Code: -

F. Telephone #: ( ) -

G. If you no longer generate biomedical waste, please check here ☐, sign and return this form.

Section 3: Primary Type of Facility (Please check only one)

☐ A. Blood Bank
☐ B. Chiropractor
☐ C. Clinic
☐ D. Clinical Lab
☐ E. College/University
☐ F. Commercial
☐ G. Corrections Facility
☐ H. Dentist
☐ I. Dialysis Center
☐ J. Doctor's Office
☐ K. Emergency Medical Service
☐ L. Employee Health Clinic
☐ M. Funeral Home
☐ N. Hospital
☐ O. Manufacture/Industry
☐ P. Municipality/School
☐ Q. Nursing Home
☐ R. Outpatient Surgical Ctr
☐ S. Research Facility
☐ T. Residential Care Facility
☐ U. Veterinary
☐ V. Other (Explain)

Section 4: Average Quantity of Biomedical Waste Generated/month

A. VERY SMALL: Less than 10 lbs. per month on average

B. SMALL: 10 lbs. to less than 50 lbs. per month on average

C. LARGE: 50 lbs. or more per month on average

[Note: For a more detailed description of the wastes subject to regulation, see the DEP Issue Profile on the Biomedical Waste Management Rules or Chapter 900, Section 7 of the DEP's rules.]

Section 5: Management of Biomedical Waste

A. Is the facility claiming small quantity generator status? ☐ Yes ☐ No

[Note: See Chapter 900, Section 4 of the DEP's rules for guidance.]

B. Has the facility developed a written biomedical waste management plan? ☐ Yes ☐ No

D. Person responsible for biomedical waste management at the facility.

Name:

Title:

Mailing Address:

City: State: Zip Code: - _

Telephone #: #: ( ) - Email:

Section 6: Certification

By signing this form, I certify that all information is accurate and complete, and that I will comply with all applicable laws and regulations concerning the management of biomedical waste. I am aware that there are substantial penalties for falsification or misrepresentation of information submitted to the Department of Environmental Protection as part of this registration application.

Date:

Owner or Authorized Employee (Please type or print) Title

Signature: _____

If you are a legal corporation, include a copy of your Information Summary Sheet, available from the Secretary of State's web site at http://icrs.informe.org/nei-sos-icrs/ICRS

All Registrants please remember to include the appropriate fee:
First-year Registration fee for all Generators = $50
Annual Renewal fees: Very Small = $25 Small = $50 Large = $500.
Thank you.