

BIOMEDICAL WASTE GENERATOR REGISTRATION MODIFICATION FORM
(Pursuant to 38 M.R.S.A. Section 1319(O) and 06-096 CMR 900)

Please use this modification form to update an EXISTING generator registration for the following types of information: facility ownership, facility name, facility location, mailing address, generation size, or contact information. For all other changes, please complete the full registration form.

Are you updating:

- | | | |
|-----------------------------|------------------------------|-----------------------------|
| Facility ownership? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Facility name? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Facility location? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Mailing address? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Generation size? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Contact information? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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 (+4): _____
- 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 (**this must be completed**):
- B. Facility Name:
- C. Street Address:
City: _____ State: _____ Zip Code (+4): _____
- D. Mailing Address: (If different from Street Address)
City: _____ State: _____ Zip Code (+4): _____
- E. Telephone #:

Section 3: Average Quantity of Biomedical Waste Generated/month

- A. VERY SMALL: Less than 10 lbs. per month on average (\$25 annual fee)
- B. SMALL: 10 lbs. to less than 50 lbs. per month on average (\$50 annual fee)
- C. LARGE: 50 lbs. or more per month on average (\$500 annual fee)

If you are updating your generation rate and the change puts the facility into a larger category, please submit the appropriate difference in Annual Renewal fee from what you have already paid. See Section #6 below.

Section 4: Management of Biomedical Waste

Person responsible for biomedical waste management at the facility.

Name:

Title:

Mailing Address:

City:

State:

Zip Code (+4):

Telephone #:

Email:

Section 5: Incorporation Documentation

If you are a legal corporation, attach 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>

Section 6: Fees (Please include the appropriate fee, where applicable.)

Annual Renewal fees: Very Small = \$25 Small = \$50 Large = \$500.

The Department bills you for the Annual Renewal fees. **Do not include** a renewal fee with your modification registration form, **unless** you are increasing your generation amount per month such that the increase would put you into a larger generation category.

Section 7: 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: _____

Thank you.