Maine Department Of Environmental Protection Division Of Materials Management 17 State House Station Augusta, Maine 04333-0017 Telephone: (207) 287-7688

Application Number	

APPLICATION FOR BIOMEDICAL WASTE TRANSPORTER LICENSE

Your application requires you to submit 3 copies. Forward the original to the Maine Department of Environmental Protection, one copy to the Municipal office of the City or Town where the business is located (if more than one location, make copies of the application and forward to each municipal office) and retain one copy for your records. Applications improperly prepared may be returned to the applicant unprocessed.

SECTION 1. Application Information				
1(a) 1(b))			
Name of Business	IRS Tax Identification #	Mailing Address (Str	reet and Number)	
City/Town	County	State	Zip Code	Telephone Number
1(c) Location of the Business (if different from ab	oove address)	Street & Number	City/T	'own
County	State	Zip Code	Telephone Number	
1(d) If the business is being operated from several address of each business location including Stree	al locations, please attach a sheet t & Number, City/Town, County	of plain bond paper, size , State, Zip Code and Tele	8 ₁ /2" x 11", on wephone Number.	hich is listed the entire
1(e) If the applicant has received a hazardous wa Environmental Protection Agency (EPA), please		waste transporter identific	cation number from	n the United States
	EPA Identification N	Jumber		
1(f) Key Contact Person in Event of Emergency	Name		Emergency Tel	lephone Number
	Address			

SECTION 2. Biomedical Waste Information

In the columns listed below, please enter information concerning biomedical waste transported by type, types of medical facilities served, and destination of wastes.

2(a) Types of Biomedical Wastes Transported	2(b) Types of Medical Facilities Served	2(c) Destinations
SECTION 3. Conveyance Operator Information		
In the columns below, please list the operator(s) of	of your company's conveyances that you ar	e applying to license.
3(a) Operator's Name	3(b) Maine or Other State Operator's License Number(s)	3(c) Type of Operator <u>License(s) Held (e.g. Class I)</u>
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3(d) Submit a copy of the past three (3) years' driving record for each of the operators listed on the application. This must be an official record or an attested copy of motor vehicle violations issued by the State Motor Vehicle Department where each operator is licensed.

SECTION 4. Conveyance Information

"Conveyance" means any vehicle used for transportation of biomedical waste on land, water or in the air. For the requirements that a license be obtained, the term includes only the cargo carrying portion of a conveyance. (FOR EXAMPLE: IN THE CASE OF A TRACTOR/TRAILER COMBINATION, ONLY THE TRAILER IS REQUIRED TO BE LICENSED.)

Listed be	low are colum	ns (a) through (i		tailed information on e	each conveyance to be us		
	4(a) Year	4(b) Make	4(c) Type (e.g., trailer)	4(d) Serial No.	4(e) Registration Number	4(f) Capacity (volume)	4(g) Type Biomedical Waste Transported
Conv. 1							
Conv. 2							
Conv. 3							
Conv. 4							
Conv. 6							
Conv. 7							
<u> </u>			eyance is Stored				a Carrying Conveyance?
Conv. 1							
Conv. 2							
Conv. 3							
Conv. 4							
Conv. 5							
Conv. 6							
Conv. 7							

SECTION 5. Evidence of Liability Insurance Coverage (Applicants must submit a copy of their current insurance certificate covering their biomedical waste transportation operations). In no event shall the limit of liability be less than \$1,000,000 per occurrence. Liability insurance coverage amounts must be exclusive of legal defense costs.

NOTE: Updated certificates must be submitted whenever a renewal application is filed, when the insurance coverage is renewed, or an amended insurance certificate is issued.

SECTION 6. Applicant's History of Compliance with Environmental Laws (pertaining to biomedical or infectious waste, hazardous waste and waste oil).

Environmental Permits Held (except for transporter operator and conveyance permits)	Expiration Date	State of Issuance	Enforcement Action (if yes,please attach a copy of the action)	-
Environmental Permits Revoked or Sus	pended 	Reason fo	or Revocation or Suspension	-
Environmental Permit Enforcement Act (if not already covered above)		<u>Enforcen</u>	nent Action Taken	-
SECTION 7. Operational History A. Safety History Please describe in writing all incide accidents involving biomedical was involved in within the last 5 years.	te, waste oil, hazard	ous waste or hazardous r	s waste or hazardous material releases to th naterial that your business, operators, or co	e environment or onveyances have beer

B.	Training Program			
Please describe below the training program in operation at your business for the safe handling and transportation of biomedical waste.				
the specific training that the operators listed in Section 3 have received regarding the safe handling and transportation of biome				
(attach additional sheets as necessary).				
C.	Spill Prevention, Control and Countermeasure Plan (SPCC) for Biomedical Waste			
	Does your company have an SPCC Plan? yes no. If yes, please attach a copy to this application.			
SE	CTION 8. Attach applicable license fee (make check or money order payable to: Hazardous Waste Fund - Biomedical Waste Transporter Account)			
Fee	e Schedule is as follows:			
	00 for a basic license which covers one conveyance, one operator, and one business location. ch additional license not covered by the basic license costs:			
	conveyance license: \$50.00 each operator license: \$50.00 each location license: \$50.00 each			
8(a	Amount Submitted \$ 8(b) Check or Money Order Number			

SECTION 9. Certification

I, the undersigned, hereby certify that all information contained in this license application is true. I also certify that I and all conveyance operators in my employment are familiar with and will comply with and complete all standard and special conditions attached to this license including those contained in Chapter 900, Section 13 (E) of the Department's Rules.

(NOTE: There are substantial penalties for falsification or misrepresentation of information submitted to the Department of Environmental Protection as part of any license application. Applicants are reminded to submit all changes to license application data as they occur in order for their license to remain valid.)

Signature			
-8			
Printed Name of Applicant/Title		 	
Address (Street & Number)			
City on Town	Ctata	 7: Codo	
City or Town	State	Zip Code	
Talanhana Nyumbar			
Telephone Number			