Maine Department of Environmental Protection
Div. of Materials Management, Attn: Geraldine Travers
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Augusta, ME 04333-0017
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THIS FORM REPLACES ALL PRIOR VERSIONS
MARCH 2018

BIOMEDICAL WASTE GENERATOR REGISTRATION FORM

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

Is this an application for a new biomedical waste generator registration number? ☐ Yes ☐ No
If yes, please remit the $50 initial registration fee with this form. See Section #7 below.
If no, your existing biomedical generator registration number must be included in Section #2A below.

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 (if previously assigned):

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 #:

F. **If you no longer generate biomedical waste, please check here ☐, provide date of closure, sign and return this form. This facility closed on this date,** .

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

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

Section 4: Average Quantity of Biomedical Waste Generated/month

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

☐ B. MEDIUM: 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 Chapter 900, Section 7 of the DEP's rules http://www.maine.gov/sos/cec/rules/06/096/096c900.doc

Section 5: Management of Biomedical Waste

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

[Note: See Chapter 900, Sections 4 and 11 for guidance http://www.maine.gov/sos/cec/rules/06/096/096c900.doc

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

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

Name:

Title:

Mailing Address:

City: State: Zip Code (+4):

Telephone #: Email:

Section 6: 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 **https://icrs.informe.org/nei-sos-icrs/ICRS?MainPage=x**

Section 7: **Fees** (Please include the appropriate fee, where appropriate.)

A. Initial Registration fee for all Generators = $50

B. Annual Renewal fees: Small = $25 Medium = $50 Large = $500.

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

Section 8: 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.