SAN JOAQUIN COUNTY

ENVIRONMENTAL HEALTH DEPARTMENT

1868 East Hazelton Avenue, Stockton, CA 95205-6232

Telephone: (209) 468-3420 ***Fax:*** (209) 468-3433 ***Web:*** www.sjgov.org/ehd

APPLICATION FOR A LIMITED QUANTITY HAULING EXEMPTION

To qualify for a "Limited Quantity Hauling Exemption" pursuant to the "Medical Waste Management Act", the following conditions must be met:

The generator or health care professional generates less than 20 pounds of medical waste per week, transport less than 20 pounds of medical waste at any one time, maintains a tracking document pursuant to Chapter 6 and the generator or parent organization has on file one of the following:

1. *Medical Waste Management Plan* if the generator or parent organization is a large quantity generator or a small quantity generator required to register pursuant to Chapter 4.
2. *Information Document* if the generator or parent organization is a small quantity generator not required to register pursuant to Chapter 4.

Please complete the information below and mail with $77.00 fee to:

San Joaquin County Environmental Health Department
Medical Waste Management Program
1868 E. Hazelton Avenue, Stockton, CA 95205-6232

Medical Waste Hauler Information

☐ New ☐ Renewal

Medical Office/Business Name: ____________________
Medical Office/Business Address: ____________________
____
City State Zip Code

Contact Person: ____________________
Phone Number: ____________________

Storage Facility Name: ____________________
Storage Facility Address: ____________________
____
City State Zip Code

Permitted Treatment Facility Name: ____________________
Permitted Treatment Facility Address: ____________________
____
City State Zip Code

List all employee names and titles authorized to transport the medical waste (If more than 3, attach info):

1. Name: ________________ Title: ________________
2. Name: ________________ Title: ________________
3. Name: ________________ Title: ________________

A copy of this exemption and a tracking document shall be in employee's possession at all times while transporting medical waste. In addition, all copies of medical waste records shall be kept on file at generator's or health care professional's facility.

Applicant Signature: ____________________ Date: __________
Title: ____________________

DO NOT WRITE BELOW THIS LINE

R.E.H.S. Application Approval: ____________________ Date: ___/___/___

Expiration Date: ____/____/____ Date Paid: ____/____/____ Cash or Check #: ________ Received By: ________