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COUNTY OF KINGS

DEPARTMENT OF PUBLIC HEALTH

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**REGISTRATION/PERMIT APPLICATION FOR
MEDICAL WASTE GENERATION AND TREATMENT**

GENERATOR'S NAME: _____

BUSINESS ADDRESS:

Street _____

City _____ State _____ Zip _____

Phone Number () _____ - _____

AUTHORIZED REPRESENTATIVE: _____

TITLE: _____

EMERGENCY TELEPHONE NUMBER: () _____ - _____

APPLICATION FOR:

- Small quantity generator with onsite treatment.
- Large quantity generator only.
- Large quantity generator with onsite treatment.
- Common storage facility permit.

**ALL APPLICANTS PLEASE COMPLETE THE APPROPRIATE
SUPPLEMENTARY FORMS.**

I declare under penalty of law that to the best of my knowledge and belief the statements made herein are correct and true. I hereby consent to all necessary inspections made pursuant to the California Medical Waste Management Act and incidental to the issuance of this Registration/Permit and the operation of this business.

SIGNATURE: _____

DATE: _____

FEE SCHEDULE

As a medical waste generator subject to registration requirements of the Medical Waste Management Act, the generator shall remit the appropriate annual registration fee corresponding to the facility type based upon the fee schedule below. **Please note no fees are due at this time.** The facility will be invoiced on an annual basis for any fees due.

Please check the appropriate box for your facility.

<input type="checkbox"/>	Small Quantity Generators with onsite treatment	\$ 295.00
	(less than 200 pounds/month)	
	Common Storage Facility (annual fee)	
<input type="checkbox"/>	serving 2 to 10 generators	\$ 140.00
<input type="checkbox"/>	serving 11 to 49 generators.	\$ 350.00
<input type="checkbox"/>	serving 50 to more generators	\$ 700.00
	Large Quantity Generators	
	(200 or more pounds/month)	
	Acute Care Hospitals	
<input type="checkbox"/>	1 to 99 beds.	\$ 840.00
<input type="checkbox"/>	100 to 199 beds	\$1,204.00
<input type="checkbox"/>	200 to 250 beds	\$1,400.00
<input type="checkbox"/>	251 or more beds	\$1,960.00
<input type="checkbox"/>	Specialty Clinic	\$ 490.00
	(surgical, dialysis, etc.)	
	Skilled Nursing Facility	
<input type="checkbox"/>	1 to 99 beds	\$ 385.00
<input type="checkbox"/>	100 to 199 beds	\$ 490.00
<input type="checkbox"/>	200 or more beds	\$ 560.00
<input type="checkbox"/>	Acute Psychiatric Hospital.	\$ 280.00
<input type="checkbox"/>	Intermediate Care.	\$ 420.00
<input type="checkbox"/>	Primary Care.	\$ 490.00
<input type="checkbox"/>	Clinical Laboratory.	\$ 280.00
<input type="checkbox"/>	Health Care Service Plan Facility	\$ 280.00
<input type="checkbox"/>	Veterinary Clinic or Hospital	\$ 280.00
<input type="checkbox"/>	Medical/ Dental.	\$ 280.00