

**CERTIFICATION FOR NON MEDICAL WASTE GENERATORS AND MEDICAL WASTE GENERATORS
NOT REQUIRED TO REGISTER**

Please indicate the appropriate statement.

- () I declare under penalty of law that to the best of my knowledge and belief I do not generate, store, or treat any of the wastes specified on the Pre-Application Questionnaire as Regulated Medical Wastes.
- () I declare under penalty of law that I will not be treating regulated medical waste at my facility by means of autoclaving, incinerating or microwaving nor will I or my staff be transporting untreated medical waste without the use of a registered hazardous waste hauler.

BUSINESS NAME: _____

BUSINESS ADDRESS:

Street _____

City _____ County _____

State _____ Zip _____

TELEPHONE: () _____

NAME OF RESPONSIBLE PERSON: _____

SIGNATURE: _____

DATE: _____

Please return this certification to the address listed below:

KINGS COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH SERVICES
330 CAMPUS DRIVE
HANFORD, CA 93230

Thank you.