

DOCUMENT OF REGISTRATION OF INFECTIOUS WASTE GENERATORS

Name of Facility _____
Address _____
City _____ State _____ Zip Code _____
Telephone No. _____ Fax No. _____

Contact/Manager: _____
Telephone No. _____ Emergency No. _____

Legal Ownership: *(if different from above information)*
Name _____
Address _____
City _____ State _____ Zip _____
Telephone No. _____ Emergency No. _____
Contact Name _____
Check One: Partnership Corporation Individual

Type of Waste Generated: _____
Estimated Quantities: _____ lbs./month
Description of Storage Facility: _____
Transporter: _____
Treatment Facility: _____

Signature of Applicant: _____ Title _____
Date _____
Davis County Health Department Approval: _____ Date _____