



**Application must be signed by:**

1. In the case of a corporation, by a principal executive officer of at least the level of vice-president, or his duly authorized representative, if such representative is responsible for the overall operation of the facility;
2. In the case of a partnership, by a general partner;
3. In the case of sole proprietorship, by the proprietor;
4. In the case of a municipal, state, federal, or other government premise, by the principal executive officer, the ranking elected official, or another duly authorized employee.

A non-refundable application fee of \$300.00, regardless of the number of premises being registered, payable to **Treasurer - State of Ohio** must accompany this application.

**Please note: The registrant shall allow the Director of the Ohio EPA, or an authorized representative, upon presentation of credentials to:**

1. Enter into the registrant's vehicle or upon the registrant's premises where a regulated facility or activity is located or conducted, or where records must be kept in accordance with Chapter 3734. of the Ohio Revised Code and rules promulgated thereunder.
2. Have access to and copy, at any reasonable time, any records that must be kept in accordance with Chapter 3734. of the Ohio Revised Code and rules promulgated thereunder.
3. Inspect at reasonable times any facilities, equipment (including monitoring and control equipment), practices, operations, or vehicles regulated or required in accordance with Chapter 3734. of the Ohio Revised Code and rules promulgated thereunder.

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

Full Name: \_\_\_\_\_  
Type or Print

Official Title: \_\_\_\_\_

Signature: \_\_\_\_\_

**Only applications containing original signatures will be processed; facsimiles (photocopies) of signatures can not be accepted.**

**DIVISION OF SOLID AND INFECTIOUS WASTE MANAGEMENT**  
**Infectious Waste Premises Information Form**

**INSTRUCTIONS:** Please type or legibly print all required information on all sides of this form. All information shall be completed in accordance with the provisions in Section 3734.021 of the Ohio Revised Code. Premises information form may be photocopied.

Registrant Name: _____
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**PREMISES INFORMATION**

Premises Name: _____			
Address: _____			
_____	_____	_____	Phone: (____) _____
City	State	Zip Code	
Health District in which premises is located: _____			
Type of Business: _____			

**CONTACT PERSON**

Name: _____	Phone: (____) _____
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**INFECTIOUS WASTE HANDLING INFORMATION**

Are infectious wastes accepted from other generators for on-site or off-site treatment?	_____	_____
	Yes	No
Are infectious wastes treated on-site?	_____	_____
	Yes	No
Please indicate method(s) of treatment:	_____ Incineration	_____ Autoclaving
	_____ Chemical treatment of cultures	_____ Other
Are infectious wastes sent off-site for treatment at a commercial infectious waste treatment facility?	_____	_____
	Yes	No

**CORPORATE ENTITY/BUSINESS OWNER**

Name: _____			
Address: _____			
_____	_____	_____	Phone: ( _____ )
City	State	Zip Code	

**PROPERTY OWNER**

Name: _____			
Address: _____			
_____	_____	_____	Phone: ( _____ )
City	State	Zip Code	
Please give a brief description of ownership or lease agreement:			
_____			
_____			
_____			

**NOTE:** Please submit premises information form(s) along with the infectious waste generator certificate application form to: **Ohio Environmental Protection Agency Dept. L-2711, Columbus, OH 43260-2711.**

For more information, or to receive a copy of the infectious waste regulations, please call the Ohio EPA, Division of Solid and Infectious Waste Management, Infectious Waste Unit at (614) 644-2621.