CERTIFICATION FOR NON-MEDICAL WASTE GENERATORS

I declare under penalty of law that to the best of my knowledge and belief, neither myself nor my business generates, stores, treats, or transports medical waste, as defined in the Medical Waste Management Act (California Health and Safety Code Section 117690). I agree to notify the El Dorado County Environmental Management Department prior to generating, storing, treating, or transporting medical waste.

Business Name:		_
Address:		-
City/State/Zip:		-
Owner/Operator:		-
Signature:	Date:	-
	Please return this certification to: Environmental Management Department 2850 Fairlane Ct., Building C Placerville, CA 95667	
CERTIFICATION	FOR MEDICAL WASTE GENERATORS NOT REQUIRED TO	D REGISTER
than 200 pounds medi- treating medical waste without the use of a re	y of law that to the best of my knowledge and belief, I do not generated waste per month. I also declare under penalty of the law that I we at my facility, nor will my staff or I be transporting untreated medical gistered medical waste hauler or a limited quantity hauling exemption lless of the quantity generated, all medical waste must be properly have to disposal.	ill not be cal waste on. I
Business Name:		
Address:		
City/State/Zip:		
Owner/Operator:		
Location of Common	Storage Facility (if applicable):	
Signature:	Date:	

Please return this certification with the appropriate initial filing fee to:

Environmental Management Department

2850 Fairland Ct. Philding C. Pleaserville, CA 05667