SAN JOAQUIN COUNTY
ENVIRONMENTAL HEALTH DEPARTMENT
600 East Main Street, Stockton, CA 95202-3029
Telephone: (209) 468-3420 ***Fax:*** (209) 468-3433 ***Web:*** www.sjgov.org/ehd

APPLICATION FOR A LIMITED QUANTITY HAULING EXEMPTION

To qualify for a "Limited Quantity Hauling Exemption" pursuant to the "Medical Waste Management Act", the following conditions must be met:

The generator or health care professional generates less than 20 pounds of medical waste per week, transport less than 20 pounds of medical waste at any one time, maintains a tracking document pursuant to Chapter 6 and the generator or parent organization has on file one of the following:

1. *Medical Waste Management Plan* if the generator or parent organization is a large quantity generator or a small quantity generator required to register pursuant to Chapter 4.
2. *Information Document* if the generator or parent organization is a small quantity generator not required to register pursuant to Chapter 4.

Please complete the information below and mail with $77.00 fee to:

San Joaquin County Environmental Health Department
Medical Waste Management Program
600 East Main Street, Stockton, CA 95202-3029

Medical Waste Hauler Information

☐ New ☐ Renewal

Medical Office/Business Name: _____
Medical Office/Business Address: _____

_____
City State Zip Code

Contact Person: _____
Phone Number: _____

Storage Facility Name: _____
Storage Facility Address: _____

_____
City State Zip Code

Permitted Treatment Facility Name: _____
Permitted Treatment Facility Address: _____

_____
City State Zip Code

List all employee names and titles authorized to transport the medical waste (If more than 3, attach info):

1. Name: _____ Title: _____
2. Name: _____ Title: _____
3. Name: _____ Title: _____

A copy of this exemption and a tracking document shall be in employee's possession at all times while transporting medical waste. In addition, all copies of medical waste records shall be kept on file at generator's or health care professional's facility.

Applicant Signature: _____ Date: _____
Title: _____

DO NOT WRITE BELOW THIS LINE

R.E.H.S. Application Approval: _____ Date: ___/___/___

Expiration Date: ____/____/____ Date Paid: ____/____/____ Cash or Check #: _____ Received By: _____