



Department of Health

Biomedical Waste Transporter Annual Report

Pursuant to Chapter 64E-16, Florida Administrative Code, a registered transporter seeking renewal shall submit this form to the local Department of Health Biomedical Waste Coordinator. Registrations expire September 30 of each year.

1. Business name of transporter: _____
2. Transporter registration number: _____
3. Quantity of biomedical waste transported from July 1 of last year through June 30 of this year:

	QUANTITY	CIRCLE ONE	
(a) Collected and treated in Florida	_____	lbs.	tons
(b) Collected out of state and treated in Florida	_____	lbs.	tons
(c) Collected in Florida and treated out of state	_____	lbs.	tons
(d) TOTAL	_____	lbs.	tons

4. Provide the name of the state(s) where biomedical waste was collected for treatment in Florida:

5. List the facilities and their location (both in state and out-of-state) where Florida biomedical waste was treated:

FACILITY	STATE
_____	_____
_____	_____
_____	_____
_____	_____

6. CERTIFICATION:

I certify that, to the best of my knowledge, the information provided on this form is true and accurate.

 Signature of Authorized Representative Name of Authorized Representative (print or type) Date