

**MARYLAND DEPARTMENT OF THE ENVIRONMENT**

Land Management Administration • Hazardous Waste Program  
 1800 Washington Boulevard, • Suite 645 • Baltimore, Maryland 21230-1719  
 410-537-3344 • 800-633-6101 x3344 • <http://www.mde.state.md.us>

**Notification of Special Medical Waste Activity**

<b>THIS SECTION IS FOR OFFICIAL USE ONLY</b>												
<b>COMMENTS</b>												
C												
C												
INSTALLATION'S ID NUMBER						APPROVED			DATE RECEIVED			
									YEAR	MONTH	DAY	
C												
F												
<b>I. NAME OF INSTALLATION</b>												
<b>II. MAILING ADDRESS OF INSTALLATION</b>												
STREET OR P.O. BOX												
C												
3												
CITY OR TOWN								STATE	ZIP CODE			
C												
4												
<b>III. LOCATION OF INSTALLATION</b>												
PLACE NAME												
STREET OR ROUTE NUMBER												
C												
5												
CITY OR TOWN								STATE	ZIP CODE			
C												
6												
<b>IV. INSTALLATION CONTACT</b>												
NAME AND TITLE						AREA CODE + PHONE NUMBER						
C												
2												
<b>V. OWNERSHIP</b>												
NAME OF INSTALLATION'S LEGAL OWNER									TYPE OF OWNERSHIP			
C												
R												
<b>VI. TYPE OF REGULATED WASTE ACTIVITY (MARK "X" IN THE APPROPRIATE BOXES.)</b>												
SPECIAL MEDICAL WASTE ACTIVITY						FIRST OR SUBSEQUENT NOTIFICATION						
<input type="checkbox"/> 1. GENERATOR <input type="checkbox"/> 2. TRANSPORTER <input type="checkbox"/> 3. TREATOR/STORER/DISPOSER						<input type="checkbox"/> 1. FIRST NOTIFICATION <input type="checkbox"/> 2. SUBSEQUENT NOTIFICATION (COMPLETE ITEM 3) <input type="checkbox"/> 3. TREATOR/STORER/DISPOSER						
<b>VII. CERTIFICATION</b>												
I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS AND ALL ATTACHED DOCUMENTS, AND THAT BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THAT THE SUBMITTED 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.												
SIGNATURE				NAME AND OFFICIAL TITLE				DATE SIGNED				