## 

## TECHNICAL SERVICES & OPERATIONS PROGRAM

**APPLICATION FOR CERTIFICATION AS A SPECIAL MEDICAL WASTE HAULER**

(PLEASE PRINT OR TYPE – ATTACH ADDITIONAL SHEETS IF NECESSARY)

1. Name of Business:

a. Mailing Address:

City:       State:       Zip:

b. Site Address:

City:       State:       Zip:

1. Contact Person Name:       E-mail Address:
2. Telephone Number:       Fax Number:
3. Name of Business Owner(s):
4. Federal Tax Identification Number:
5. US DOT and/or ICC Number:       SMW ID No.:
6. Maryland Resident Agent: **(requirement of all out-of-state companies)**

Name:       Telephone:

Address:

City:       State:       Zip:

1. MD Hauler No.:       Number of vehicles involved in SMW Transportation:
2. Quantity (estimated) of CHS to be transported per month:

gallons:       curies:       pounds/tons:

1. Sources of SMW - customer list (if new applicants, list types of industries that you will be targeting) (Attach additional sheets, if necessary):
2. Destination of shipments (include facility name, address, EPA ID Number and telephone number for each site) (Attach additional sheets, if necessary):

1. Are you certified to transport special medical waste in any other state?

If "yes", identify state, certification numbers, and years permitted. Attach additional sheets, if necessary.

1. Have you ever had a special medical waste permit or certificate revoked or suspended in Maryland?

If yes, please explain:

1. Have you ever been penalized for violation of any federal or state environmental law or regulation?

If yes, please explain:

1. Are you in compliance with Maryland's Motor Fuel Tax regulations found in COMAR, Title 03, Subtitle 03, Chapter 04 and IFTA?

### CONDITIONS FOR ISSUANCE

As a condition of this certification, I agree to comply with the provisions of the Environment Article, Section(s) 7-249 through 7-252, Annotated Code of Maryland and COMAR 26.13 and agree to: (1) secure a bond of not less than $10,000 according to the provisions of the regulation COMAR 26.13.13 for the purpose of indemnifying the State for abatement of pollution resulting from the improper transportation or spill of Special Medical Waste; (2) provide a copy of the shipping paper supplied by the waste generator to the operator of the facility; (3) demonstrate and comply with the Department of Transportation regulations for vehicles and containers, COMAR 11.l6; (4) allow the Land Management Administration and its authorized representatives upon the presentation of credentials to enter and inspect vehicles, contents of containers, and all records relating to the transportation of Special Medical Waste; (5) transport Special Medical Waste from a source within the State or to a facility in the State only in certified vehicles; (6) report periodically, on a form prescribed by the Program, the source, disposal destination, volume, and nature of the Special Medical Waste transported; (7) pay a yearly fee for certification of $50.00 per vehicle used for hauling Special Medical Waste; and (8) not transport any low-level nuclear waste unless the receiving low-level nuclear waste facility has been notified and has indicated its capability and willingness to take the low-level nuclear waste.

**By signing this form, I the applicant or duly authorized representative, do solemnly affirm under the penalties of perjury that the contents of this application and vehicle listing are true to the best of my knowledge, information, and belief. Additionally, I will notify the Department within 30 days if any changes in the information contained within the application and/or vehicle listing.**

CERTIFIER NAME:       TITLE:

DATE:

*This Notice is provided pursuant to § 10-624 of the State Government Article of the Maryland Code. The personal information requested on this form is intended to be used in processing your application. Failure to provide the information requested may result in your application not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment (“MDE”) is a public agency and subject to the Maryland Public Information Act (Md. Code Ann., State Gov't §§ 10-601, et seq.). This form may be made available on the Internet via MDE’s website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.*