**APPLICATION FOR SPECIAL MEDICAL WASTE GENERATOR IDENTIFICATION NUMBER**

(PLEASE PRINT OR TYPE)

Reason for Submittal:

[ ]  Initial Notification (New)

[ ]  Subsequent Notification (Update Information) ID Number: **SMW**

[ ]  Deactivation (Close) ID Number: **SMW**

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1. Site Name:

 a. Site Address:

 City:       State:       Zip:

 b. Site Mailing Address:

 City:       State:       Zip:

 Name of Company if different from Site Name:

1. Site Contact Person Name:       E-mail Address:
2. Telephone Number:       Fax Number:
3. Company Owner(s) (who owns the company):
4. Property Owner (who owns the property/building):

a. Property Owner Address:

 City:       State:       Zip:

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Waste Activity Type

[ ]  Generator

[ ]  Transporter

[ ]  Treatment Storage Disposal Facility

**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.*

**This Section is for Official Use Only**

Generator SMW ID Number: SMW\_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_

Approved Date:

AI:

Comments: