



Application to Claim a Registration by Rule as a Transporter of Medical Waste

for a person who plans to transport untreated medical waste (special waste from a health care related facility), and that is not the generator of the waste

Internet address: www.tceq.texas.gov

Please check the appropriate box:

- New*** – to be submitted at least 60 days prior to commencing operation
- Renewal** – to be submitted at least 60 days prior to the expiration date
- Update*** – must be submitted within 30 days of a change

*A TCEQ Core Data Form (CDF), [TCEQ-10400](#), must be submitted with a new claim, and when any change occurs within the owner, operator or regulated entity information – for additional information, see the CDF [instructions](#)

Registration by Rule Number: MSW # _____
("50" plus 3 digits)

Expires: _____
(Leave blank for TCEQ staff completion)

If you have any questions on how to fill out this form or about the Medical Waste Transporter program, please contact us at 512/239-6001, select Option 2.

Applicant Information (To be completed by the owner or operator. If completed by the operator, include the owner's written authorization with an original signature.)

Customer Number: CN _____ (9-digit numbers)

Regulated Entity Number: RN _____

(if no CN or RN has been issued, leave blank; if you are uncertain, search the TCEQ Central Registry at www12.tceq.texas.gov/crpub/ ; please include a list of RNs for operating sites for this RBR)

Applicant/Title: _____

Company Name: _____

Company Telephone: () _____ Fax: () _____

Street Address: _____

Mailing Address: _____

City/State/Zip: _____

City/State/Zip: _____

Contact Person/Title: _____

Contact Telephone: () _____ Fax: () _____

Partner, Corporate Officer and Director Information (If this section does not apply, check here)

If there are any partners, corporate officers or directors, please attach a list that includes the name, mailing address and telephone and fax numbers for each of them. If a partner, corporate officer or director has been assigned a 9-digit CN (see information above), please include the number on the list.

Registration By Rule Fee Information

The registration by rule fee is based on your estimate of the total weight of untreated medical waste to be transported during the calendar year, and payable with the application. Please check the appropriate box below.

- \$100.00 – 1,000 pounds (lbs) or less
- \$250.00 – more than 1,000 lbs but equal to or less than 10,000 lbs
- \$400.00 – more than 10,000 lbs but equal to or less than 50,000 lbs
- \$500.00 – more than 50,000 lbs

Paid: \$_____ Indicate payment type: check money order electronic payment via our EPay Online Web site at www3.tceq.texas.gov/epay/

Are there any outstanding fees or penalties due to the TCEQ from this owner? If yes, provide the amount \$_____ ; nature of the fee or penalty _____ ; and the identifying account number _____. The application form will not be processed until all delinquent fees and/or penalties owed to the TCEQ are paid.

Financial Assurance Information

Provide evidence of financial assurance in accordance with Title 30 Texas Administrative Code Chapter 37 Subchapter U Section 37.9070. When filing the insurance option, please mail the original documents – the ACORD, MCS-90 and the E forms (all with original signatures) – to the Financial Assurance Section (MC 184), Texas Commission on Environmental Quality, P. O. Box 13087, Austin, Texas 78711-3087. For assistance with financial assurance issues, contact 512/239-6262.

Transportation Unit Information

	Vehicle Type*	Vehicle Year	Vehicle Make / Model	Motor Vehicle Identification Number, if applicable	License Plate Number	State of Issuance / Year Issued	Name of Owner
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

* Examples include "Tractor," "Trailer" and "Box Van."

If additional lines are needed, photocopies of this page may be submitted.

Certification Statement

I certify that the above information is true and correct to the best of my knowledge, and I will abide by all TCEQ rules.

Applicant Signature: _____

Printed Name: _____

Date: _____

Mailing Instructions

An incomplete application will be returned. Retain a copy of your application for your records. Mail your completed application and a check or money order, or a copy of the confirmation of an electronic payment, to the address listed below; and send a copy to your region office. For information, see our region directory at www.tceq.texas.gov/about/directory/region/reglist.html.

Cashier's Office (MC 214)
Texas Commission on Environmental Quality
P. O. Box 13088
Austin, Texas 78711-3088