For TCEQ use only: MSW MWT/_____/CO/ _____ /INITIAL-UPDATE

Application to Claim a Registration by Rule as a Mobile On-Site Treater of Medical Waste

For an owner or operator of mobile treatment units conducting on-site treatment of untreated medical waste (special waste from a health care related facility), and that is not the generator of the waste.

Bold items required for all notifications.
** Items marked are required for all new notifications.* Please print clearly or type.

Instructions for filling out this form.

Transporter Registration MSW# (required for all updates): _____

Effective Date: _____

Submission Reason: ☐ New ☐ Renewal ☐ Update

Part A: Site/Regulated Entity Information (refers to the company submitting registration)

1. Regulated Entity Number: RN 1_____
2. **Company Name:** _____

Company Address:* (office and/or truck lot)

3. Street Address: _____
4. City*: _____
5. State*: TX_____ 6. Zip+4:* _____-_____
7. County*: _____
8. Are there any outstanding fees or penalties due to the TCEQ from this owner?

☐ Yes ☐ No

If yes, provide the amount $ _____ and the identifying account number _____. Registrants must pay all delinquent fees and/or penalties owed to TCEQ in order to obtain a registration.

Part B: Attachments to be Submitted

Please submit the following information as attachments to your application:*

- a description of the approved treatment method to be employed and chemical preparations
- the procedure to be utilized for routine performance testing/parameter monitoring
- evidence of competency (may be demonstrated in the form of a training certificate and/or description of relevant personal work experience)
- a description of the management and disposal of process waters generated during treatment events
- a written contingency plan that describes the handling and disposal of waste in the event of treatment failure or equipment breakdown
- a cost estimate to remove and dispose of waste and disinfect the waste treatment equipment (see the Worksheet for Estimating Closure Cost for a Mobile On-Site Treater of Medical Waste – Part F of this form)

For TCEQ use only: MSW MWT/_____/CO/ _____ /INITIAL-UPDATE

Transporter Registration MSW# (required for all updates): _____

Effective Date: _____

Company Name:_____

Submission Reason: ☐ New ☐ Renewal ☐ Update

Part C: Customer Information (for the facility registering)

9. Customer number: CN 6 _____

10. Owner/operator name:* _____

    (Legal name or legal business name as filed with the Secretary of State's office)

11. Type of customer:*

☐ Corporation
☐ Individual
☐ Sole Proprietorship- D.B.A.
☐ City Government
☐ County Government
☐ Federal Government
☐ State Government
☐ Other Government
☐ General Partnership
☐ Limited Partnership
☐ Other: _____

Tax information (Do not provide Social Security numbers below. For individual ownership type, go to #15)

12. Federal Tax ID: _____

13. TX State Franchise Tax ID: _____

14. Texas Secretary of State Filing Number:* _____

Part D: Contact Information (mailing address for correspondence and invoices)

15. First name:* _____ 16. Last name:* _____

17. Title:* _____ 18. Company Name:*_____

19. Street Address:*_____

20. City:*_____

21. State:* TX _____ 22. Zip+4:*_____ -_____

23. Telephone:*_____ 24. Fax: _____

25. Email: _____

For TCEQ use only: MSW MWT/_____/CO/ _____ /INITIAL-UPDATE

Transporter Registration MSW# (required for all updates): _____

Effective Date: _____

Company Name:_____

Submission Reason: ☐ New ☐ Renewal ☐ Update

Part E: Transportation Unit Information

	Vehicle Information:					License Plate:			
Add or Remove	**Type****	**Year**	**Make**	**Model**	**Motor Vehicle Identification Number**	**Number**	**State Issued**	**Year Issued**	**Name of Owner**

** Examples include "Tractor," "Trailer" and "Box Van." Send additional copies of this page to list more than 12 vehicles.

For TCEQ use only: MSW MWT/_____/CO/ _____ /INITIAL-UPDATE

Transporter Registration MSW# (required for all updates): _____

Effective Date: _____

Company Name:_____

Submission Reason: ☐ New ☐ Renewal ☐ Update

Part F: Worksheet for Estimating Closure Cost*

I. Assumptions:

a. Generator assumes responsibility for any untreated waste stored at the unit
b. Maximum volume of untreated waste is in the treatment unit
c. Unit's processing/treatment equipment cannot be utilized.
d. Closure will include—
   i. Decontamination of equipment
   ii. Clean-up of the site, and
   iii. Removal of all waste, supplies, equipment, residues and mobile housing unit.

II. All cost estimates should reflect work performed by an independent third party.

III. Unit use and capacity description:

a. Type of medical waste: _____
b. Equipment to process the medical waste:

c. Full capacity of untreated medical waste in the unit at any one time: _____

IV. Include cost estimates for all of the following:	**Cost Estimate**
Cost to dismantle processing equipment and mobile housing unit (including disinfection, decontamination and decommissioning)	$
Cost to transport, treat and dispose of untreated medical waste to authorized facilities --$__/lb (total must cover "c" in "III" above)	$
Cost to transport, treat and dispose of wastes resulting from decontamination to authorized facilities	$
Cost to transport, treat and dispose of any other waste (including decommissioned equipment, left over supplies, etc) to authorized facilities	$
Cost for Site Assessment (including sampling and analysis costs) (If an amount is noted here, then "Cost to Remediate Site" must contain a cost estimate amount.)	$
Cost to Remediate Site (including clean-up and removal of contaminated soils, water and stormwater)	$
Cost of vector control procedures	$
Cost to install signs, locks, and other security measures	$
Cost to certify clean-up and closure	$
Other costs particular to the nature of your business	$
Contingency cost (15-20% recommended)	$
TOTAL Cost Estimate	**$**

For TCEQ use only: MSW MWT/_____/CO/ _____ /INITIAL-UPDATE

Transporter Registration MSW# (required for all updates): _____

Effective Date: _____

Company Name:_____

Submission Reason: ☐ New ☐ Renewal ☐ Update

Part G: Certification

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

Name: _____

Title: _____ Telephone: _____

Company: _____ Fax: _____

Email: _____

Signature: _____

Mail completed form to:
Texas Commission on Environmental Quality
Registration & Reporting MC-129
PO Box 13087
Austin, TX 78711-3087

Please use the following address for any submissions sent via overnight services:
Texas Commission on Environmental Quality
Registration and Reporting Section MC-129
12100 Park 35 Circle Bldg D
Austin, TX 78753

Fax **updates and renewals only** to (512) 239-6410. Initial registrations submitted by fax will be returned to the sender.

For any questions about filling out this form not covered in the instructions, or for information about the Medical Waste Transporter Program, please contact us at (512) 239-6413 or wasteval@tceq.texas.gov.

Individuals are entitled to request and review their personal information the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, please contact the TCEQ Public Information Section at (512) 239-3282.