



# 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 who is not the generator of the waste

Internet address: [www.tceq.state.tx.us](http://www.tceq.state.tx.us)

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 # \_\_\_\_\_  
("54" 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 Mobile On-Site Treater of Medical Waste program, please contact us at 512/239-6001, select Option2.**

## **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 <http://www4.tceq.state.tx.us/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 treated during the calendar year, and payable with the application. Please check the appropriate box below.

\$100.00 – 1,000 pounds (lbs) or less

\$400.00 – more than 10,000 lbs but equal to or less than 50,000 lbs

\$250.00 – more than 1,000 lbs but equal to or less than 10,000 lbs

\$500.00 – more than 50,000 lbs

Paid: \$\_\_\_\_\_ Indicate payment type:  check  money order  electronic payment via our EPay Online Web site at <https://www6.tceq.state.tx.us/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.

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**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 [closure cost estimate worksheet](#) for guidance*)

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**Financial Assurance Information**

Provide evidence of financial assurance in accordance with 30 TAC Chapter 37 Subchapter R Section 37.8021. Please mail the financial assurance documents 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.

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**Treatment Unit Information**

	Vehicle / Unit 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							

\* Examples include "Tractor," "Trailer" and "Treatment Unit."

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

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**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: \_\_\_\_\_

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**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 <http://www.tceq.state.tx.us/about/directory/region/reglist.html>.

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