



# Form to Notify as a Self Transporter of Medical Waste

for a generator of more than 50 pounds per month of untreated medical waste (special waste from a health care related facility), who plans to transport that waste to an authorized medical waste transfer station, storage facility or processing facility

Internet address: [www.tceq.texas.gov](http://www.tceq.texas.gov)

Please check the appropriate box:  **New\*** – to be submitted at least 60 days prior to commencing operation – renewal is not required  
 **Update\*** – must be submitted within 30 days of a specified change as per the rule

\*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 Number: MSW # \_\_\_\_\_  
("55" plus 3 digits)

**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.**

**Notifier 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/](http://www12.tceq.texas.gov/crpub/); please include a list of RNs for operating sites for this MSW #)

Name /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.

**Notification Fee Information**

The notification fee (also known as 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/](http://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.

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**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.

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**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.

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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 notification form will be returned. Retain a copy of your application for your records. Mail your completed form and a check or money order, or a copy of the confirmation of an electronic payment, to the address listed below.

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

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