For TCEQ use only: MSW MWT/_	/CO/	/INITIAL-UPDATE
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Application for Registration by Rule as a Transporter of Medical Waste

Bold items required for all notifications.

 $\ensuremath{^*}$ Items marked are required for all new notifications. Please print clearly or type.

Instructions for filling out this form.

If this registration action affects any other program area within the TCEQ, you must also complete

a TCEQ Core Data Form Texas Commission on I Texas 78711-3087				
Transporter Registrati	on MSW# (r	equired for all u	updates):	
Effective Date:				
Submission Reason:	New	Renewal	Update	
Part A: Site/Regulated E	ntity Inforn	nation (refers to	the company subm	itting registration)
1. Regulated Entity Nu	ımber: RN_			
2. Company Name:				
Company Address:* (o	ffice and/o	r truck lot)		
3. Street Address:				
4. City*:				
5. State*:		6. Z	ip+4:*	
7. County*:				
8. Are there any outst	anding fees	s or penalties du	ue to the TCEQ fro	om this owner?
Yes No				
If yes, provide the amonumberowed to TCEQ in order	Registran	its must pay all		
TCEQ Form #00426 (R For TCEQ Use of	•	5)		Pageof

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Transporter Registration MSW# (rec	quired for all	l updates):				
Effective Date:						
Company Name:						
Submission Reason: New	Renewal	Update				
Part B: Customer Information (for the	company reg	gistering)				
9. Customer number: CN						
10.Owner/operator name:*						
		with the Secretary of State's office)				
11.Type of customer:*						
Corporation		State Government				
Individual		Other Government				
Sole Proprietorship- D.B.A.		General Partnership				
City Government		Limited Partnership				
County Government		Other:				
Federal Government						
Tax information (For individual cus Security numbers below.)	tomer type,	go to #15. Do not provide Social				
12.Federal Tax ID:						
13.TX State Franchise Tax ID*:						
14.Texas Secretary of State Filing N	umber:					
Part C: Contact Information (mailing a	ddress for co	orrespondence and invoices)				
15.First Name:*	16.1	Last Name:*				
17.Title:	18.0	Company Name:*				
19.Street Address:*						
20.City:*						
21.State:*		Zip+4:*				
23.Telephone:*		Fax:				
25.Email:						
_						
TCEQ Form #00426 (Rev. 05/2015)		Pageof				
For TCEQ Use only: Log # \						

For TCEQ i	use only: MSW	MWT/	/C0	0/	/INI	TIAL-UPDATE			
Transporter Registration MSW# (required for all updates):									
Effective Date:									
Company Name:									
Submissio	on Reason:	New	Rene	wal	Update				
Part D: Tra	nsportation (326.53(a)(4))				
l [Information:				se Plate:		
Add or Remove	Type**	Year	Make	Model	Motor Vehicle Identification Number	Number	State Issued	Year Issued	Name of Owner (if different than #10)
** Examples include "tractor", "trailer", or "box van". Send additional copies of this page to list more than 12 vehicles.									
TCEQ Form #00426 (Rev. 05/2015) For TCEQ Use only: Log # Pageof									

For TCEQ use only: MSW	MWT/	/ <i>CO/</i>		/INITIAL-UPDATE
Transporter Registratio	n MSW# (re	quired for all u	ıpdates):	
Effective Date:				
Company Name:				
Submission Reason:	New	Renewal	Update	
Part E: Certification (This	part must b	e included with	all submissions.)	
I certify that the above and I will abide by all T		is true and co	orrect to the bes	t of my knowledge,
Name:				
Title:		Telep	ohone:	
Company:		Fax: _		
Email:				
Signature:				
Please use the foll	Texas Comm Registration A owing addres Texas Comm Registration	nil completed for hission on Environ a and Reporting S PO Box 13087 ustin, TX 78711-3 is for any submis hission on Environ and Reporting Se 0 Park 35 Circle E Austin, TX 7875	amental Quality ection MC-129 8087 ssions sent via oven mental Quality ection MC-129 Bldg D	ernight services:
Fax updates and renewals o returned to the sender.	only to (512) 2	39-6410. Initial 1	registrations subm	itted by fax will be
For any questions about filli the Medical Waste Transpor wasteval@tceq.texas.gov.				
Individuals are entitled to reforms. They may also have a please contact the TCEQ Pub	any errors in t	heir information (corrected. To revie	
TCEQ Form #00426 (Re For TCEQ Use o				Pageof