

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 _____

10. Owner/operator name:* _____

(Legal name or legal business name as filed 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 (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:* _____ 22. Zip+4:* _____ - _____

23. Telephone:* _____ 24. Fax: _____

25. Email: _____

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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	\$

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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.