



20 ____ Annual Summary Report for Transporters of Special Waste from Health Care Related Facilities (Medical Waste)

Report Period: Calendar Year (January 1 through December 31)

Due: March 1 following each calendar year reporting period

Transporter Registration MSW#: _____

Transporter Name: _____

Option 1: Check here to report by volume (subject to \$500 flat fee) **OR**

Option 2: Report amount shipped in pounds. List the total amounts of untreated medical waste shipped to and disposed at each facility. Include all untreated medical waste transported per §326.89. Reported quantities are subject to the fees listed below.

Disposal Site Name	Street Address	City	State	Zip	Permit #	Waste Quantity (lbs)

Total Quantity shipped and disposed: _____ **Lbs**

Check here to cancel your transporter registration. Indicate the last hauling date of medical waste. _____ The last hauling date should be within or prior to the reporting year noted above.

I certify that the above information is true and correct to the best of my knowledge, and I will abide by all Texas Commission on Environmental Quality rules.

Signature: _____ **Date:** _____

Print Name: _____

If you have questions on how to fill out this form or about the Medical Waste transporter registration program, please contact us at 512/239-6413. For registration updates, fill out Form 00426 at <http://www.tceq.texas.gov/assets/public/permitting/rrr/forms/00426.pdf>.

Waste Reported	Fee
0-1000 lbs	\$100
1001-10000 lbs	\$250
10001-50000 lbs	\$400
> 50000 lbs	\$500

Mail to: Texas Commission on Environmental Quality, Registration and Reporting MC 129, P.O. Box 13087, Austin, Texas 78711-3087
Or fax to: 512-239-6410