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Infectious Waste Transporter Registration Form
Bureau of Land and Waste Management

Official Use Only:

S.C. Transporter Identification Number: _____

$500.00 Fee accompanied this form? Yes ☐ No ☐

1. Notification Information

First Notification ☐ Renewal Notification ☐ Change Information ☐

2. Transporter Information

Business name of transporter

Street address (not mailing address)

City State Zip Code

Name of legal owner/operator

Name of contact person/title Contact phone number

Mailing address (if different from above)

Street

City State Zip Code

Home State Identification Number (if outside of SC)

3. Fee

Transporters who transport infectious waste in South Carolina must apply for registration and pay a $500.00 processing fee made payable to SCDHEC Bureau of Finance.

4. List location, mailing address, and phone number of all terminals, other transportation facilities or offices the applicant maintains.

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5. List all known facilities where you will be taking infectious waste for treatment.

6. List and discuss all accidents or discharges involving infectious waste that occurred last year.

7. List and discuss all enforcement actions taken against the applicant's business by this state, other states, or the federal government.

8. Insurance

Name of insurer/company

Address of insurer/company

PLEASE ATTACH A COPY OF THE COMPLETED SCDHEC CERTIFICATE OF INSURANCE.

9. Certification

I certify, under penalty of criminal and/or civil prosecution for making or submission of false statements, representations, or omissions, that I have read, understood, and will comply with the South Carolina Infectious Waste Management Regulation, R. 61-105.

Signature Date Name & Title

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