

**N.J. DEPT OF ENVIRONMENTAL PROTECTION  
DIVISION OF AIR AND HAZARDOUS MATERIALS ENFORCEMENT  
BUREAU OF HAZARDOUS WASTE & UST COMPLIANCE AND ENFORCEMENT  
MEDICAL WASTE GENERATOR REGISTRATION UNIT  
(609) 984 - 3448**

FOR OFFICIAL DEP USE ONLY GENERATOR ID NO  APPLICANT ID NO  FEE RECEIVED  CHECK NUMBER  DATE PROCESSED
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**MEDICAL WASTE GENERATOR REGISTRATION AND FEE SUBMITTAL FORM  
THE INSTRUCTIONS ARE ON THE NEXT PAGE**

A. Name of business owner

\_\_\_\_\_

B. Name of business

\_\_\_\_\_

C. Business mailing address:

1. Street address \_\_\_\_\_

2. City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

3. Telephone \_\_\_\_\_ Contact person \_\_\_\_\_

D. Business location (site) address:

1. If same as C above, mark "x" here \_\_\_\_\_, skip to E below.

2. Street address \_\_\_\_\_

3. City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

E. Tax I.D. number \_\_\_\_\_

F. SIC number \_\_\_\_\_

G. Do you have more than one business? Yes or No (Circle one)

H. Fee calculation:

1. Projected medical waste generation \_\_\_\_\_

2. Generator category number \_\_\_\_\_ Fee amount \_\_\_\_\_

I. Certification and signature:

1. This is to certify that the information contained in this form is correct and complete to the best of my knowledge.

\_\_\_\_\_  
Name (print) Title

\_\_\_\_\_  
Name (signature) Date signed

INSTRUCTIONS FOR COMPLETING REGISTRATION AND FEE SUBMITTAL FORM  
FOR GENERATORS OF REGULATED MEDICAL WASTE (RMW)

Print or type all information.

Do not write in the section entitled "for official DEP use only."

If a site does not generate regulated medical waste as defined at N.J.A.C. 7:26-3A.6 you are not required to register with this department as a generator of regulated medical waste.

A. Enter the name of the person(s), partnership or corporation that owns the business.

B. Enter the name of the business. Enter the trade name if different than the business name.

C. Enter the mailing address where all correspondence and invoices are to be sent. Enter the name and phone number of the contact person at the mailing address. All phone calls will be made to, and all correspondence will be addressed to, this person's attention.

D. Enter the address of the business where it is physically located. If the street location is the same as the mailing address, mark an "x" in the space indicated and leave the other lines blank.

E. Enter the tax identification number of the business.

F. Standard Industrial Classification(SIC). This system was developed by the federal government to provide a method to define industrial categories in accordance with the composition and structure of the national economy. Please review the Standard Industrial Classification Numbers to determine the SIC number for the business. Select the best match. If none of the SIC codes match the service that your office provides, please select number 8099.

STANDARD INDUSTRIAL CLASSIFICATION (SIC) NUMBER	NO.
Veterinary Services for Animal Specialties	0742
Pharmacies	5912
Camps	7032
Funeral Services and Crematories	7261
Doctors of Medicine Offices & Clinics	8011
Dentists Offices and Clinics	8021
Osteopathy Offices and Clinics	8031
Podiatrists Offices and Clinics	8043
Health Practitioners Offices & Clinics, not classified elsewhere	8049
Skilled Nursing Care Facilities	8051
Nursing & Personal Care Facilities, not classified elsewhere	8059
General Medical and Surgical Hospitals	8062
Psychiatric Hospitals	8063
Specialty Hospitals, except psychiatric	8069
Medical Laboratories	8071
Home Health Care Services	8082
Kidney Dialysis Centers	8092
Specialty Outpatient Facilities, not classified elsewhere	8093
Health and Allied Services, not classified elsewhere	8099
Elementary and Secondary Schools	8211
Colleges, Universities and Professional Schools	8221
Research and Development Labs	8731
Commercial Testing Labs	8734
Correctional Facilities	9223
Health Departments	9431
National Security	9711

G. If you have more than one business or more than one location for your business which are not registered, photocopy the Registration and Fee Submittal Form as many times as needed. You must submit a completed Registration and Fee Submittal Form for each unregistered

site where regulated medical waste is generated. A site is each noncontiguous establishment.

H. FEE TABLE:	Generator Category	Pounds of RMW Generated 12er Year per Site	Base Fee
	1	Less than 50 lbs. per year	\$ 85 per site
	2	50 lbs. to 200 lbs. per year	\$255 per site
	3	201 lbs. to 300 lbs. per year	\$500 per site
	4	301 lbs. to 1000 lbs. per year	\$1,000 per site
	5	More than 1000 lbs. per year	\$3,500 per site

1 . The registration year for generators shall extend from July 22 through July 21 of each calendar year and fees shall be payable by August 20 of each calendar year. Enter the projected annual amount of regulated medical waste in pounds that will be generated at this site during the next twelve months (which should be your first full year of generating waste) even if you are registering for a period of less than a full year.

2. Select from H above the appropriate generator category. Enter the correct generator category number. Select from H above the appropriate generator fee amount. If you are registering for a period of less than a full year, enter the correct generator fee amount for a full year. Partial payments are not accepted for a partial year. At the beginning of next years registration period an invoice will be sent to you based on that amount. A space will be provided on that invoice for you to modify, if necessary the amount generated and the fee. Subsequent invoices will be based on the pounds of waste generated in each preceding registration year. Please review and modify each invoice, if necessary before mailing a check. No refunds will be issued after we receive a check.

Enclose a check or money order with the Registration and Fee Submittal Form made payable to "Treasurer, State of New Jersey."

Do not send in a check without a form. To assure that your account is credited, the check must be accompanied by a form.

I. This certification must be signed by a responsible official or selected agent of your business. If you require assistance in completing this form, contact the Medical Waste Registration Unit at (609) 984-3448.

Completed registration forms and fees are to be mailed to the:

**NJDEP  
BUREAU OF HAZARDOUS WASTE/UST COMPLIANCE & ENFORCEMENT  
MAIL CODE 09-03  
9 EWING ST., P O BOX 420  
TRENTON, NJ 08625-0420**

Notify us if your registration information changes.

Make a copy of your completed registration form for your records. If your information on this registration form changes in the future, send a signed letter to us at the address above, on your business letterhead. Note the old and the new information. Include your generator identification number on all correspondence. •