

Regulated Medical Waste – Generator Registration

Please type the required information, save as a pdf file and email the form to meginfo@dep.nj.gov

DO NOT HAND WRITE ANY INFORMATION, DO NOT PRINT, MAIL or FAX this FORM

RMW Registration Number*:	
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*Note: This registration form will be used for initial registrations along with updates of existing registrations

Facility Name:	
Tax ID #:	

Site Address:			
City:	County:		
State:	Zip Code:		

Block:		Lot(s):	
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Billing Address:				
City:	State:	Zip Code:		

Owner/Operator Name:				
Address:				
City:	State:	Zip Code:		

Contact Name:		Email Address:	
Contact Phone:	Office:	Ext:	Cell:

NAICS Code*:	
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* The North American Industry Classification System (NAICS) is the standard used by Federal statistical agencies in classifying business establishments for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. business economy. Below are the most common codes associated with medical waste – if your code is not listed you can look it up at <https://www.census.gov/eos/www/naics/> and manually enter it.

Operation Description:	
If 12 - Other Please Describe:	

Anticipated Pounds of Regulated Medical Waste Generated Annually:	
Anticipated Regulated Medical Waste Category Number:	

Comments:	
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