**New Jersey Department of Environmental Protection**

**Regulated Medical Waste (RMW) Generator Category Certification**

**& RMW Generator ID Deactivation Form**

Please type the required information, sign electronically, and email to mebinfo@dep.nj.gov. Once processed, you will receive email confirmation of Category assignment.

Facility Name: Click or tap here to enter text.

Site Address: Click or tap here to enter text.

Identification Number: Click or tap here to enter text.

Contact Name: Click or tap here to enter text.

Contact Number: Click or tap here to enter text.

Contact E-mail: Click or tap here to enter text.

Below are the initial and annual registration fee amounts:

|  |  |  |
| --- | --- | --- |
| **Generator****Category** | **Pounds of Regulated Medical Waste Generated Annually** | **Fee** |
| **1** | <50 Pounds | $85 |
| **2** | 50 – 200 Pounds | $255 |
| **3** | 201 - 300 Pounds | $500 |
| **4** | 301 – 1,000 Pounds | $1,000 |
| **5** | >1,000 Pounds  | $3,500 |

Anticipated Pounds of Regulated Medical Waste Generated Annually: Click or tap here to enter text.

**Request to Inactivate RMW#:**

Do you have a RMW# which needs to be made inactive? If so, please provide it here: Click or tap here to enter text.

Reason for deactivating number:

* The responsible entity is otherwise not at the location as of: Click or tap here to enter text. [date]
* Reason [i.e. retired, business sold, business moved, change in business…]: Click or tap here to enter text..
* If responsible entity is operating at a new location, please register the site as a new RMW Generator using the form available by clicking [here.](https://www.state.nj.us/dep/dshw/hwr/NJ%20Regulated%20Medical%20Waste%20Registration%20Form.pdf)
* Is the site presently occupied by another RMW Generator? [ ]  Yes [ ]  No [ ]  Unknown

I am authorized to make this submission on behalf of the owner(s) and/or operator(s) of the facility listed above for which this submission is made. I certify that the statements and information are to the best of my knowledge and believe true, accurate and complete. I am aware that there are significant penalties for submitting false statements and information under N.J.A.C. 7:26-5.6(a) and N.J.S.A. 13:1E-48.20(2)&(3).

Signature of Authorized Representative:

Print: Click or tap here to enter text.

Date: Click or tap here to enter text.