



Ohio Environmental Protection Agency

DIVISION OF SOLID AND INFECTIOUS WASTE MANAGEMENT Emergency Infectious Waste Transporter Registration Certificate Application Form

INSTRUCTIONS: Please type or print all required information on all sides of this form. All information shall be completed in accordance with the provisions in Section 3734.022 of the Ohio Revised Code.

NOTE: This application will not be processed if incomplete information or no original signature is submitted. Please call (614) 644-2621 for assistance.

Submit via fax to: Ohio EPA
Division of Solid & Infectious Waste Mgt.
Attn: Infectious Waste Unit, Fax: (614) 728-5315

After faxing, **AND WITHIN THREE CALENDAR DAYS**, submit original application, and a check or money order, payable to "Treasurer - State of Ohio" to: **Ohio EPA, Division of Solid & Infectious Waste Management, PO Box 1049, Columbus, OH, 43216-1049** or if via courier use: **50 W. Town Street Suite 700, Columbus, Ohio 43215.**

FOR OFFICE USE ONLY	
Date Fax Received:	_____
Date Hard Copy Received:	_____
Date Fee Received:	_____
Check No:	_____ Date: _____
Reviewer:	_____

REGISTRANT INFORMATION

Current Registration Number:	_____ T _____	
Registrant Name:	_____	
Address:	_____	
_____	_____ Phone: (_____) _____	
City	State	Zip Code
Contact Person:	_____	
Fax Number (needed to transmit certificate):	(_____) _____	

Please note that the emergency registration certificate is only valid for 30 days and may not be renewed unless the Ohio EPA also receives a completed amended transporter registration certificate and fees to add either the transport vehicle(s) listed on this emergency transport application, or another vehicle(s), to his current registration certificate. For this reason an amended transporter registration certificate was also sent with this emergency infectious waste transporter certificate application.

REASON FOR APPLICATION

This emergency transporter application is only to be completed by a transporter already registered with the Ohio EPA who needs to obtain a temporary (30 day) emergency registration for one of the following reasons (please check one):	
_____	Mechanical failure of a currently registered vehicle, decal number(s): _____
_____	Treatment facility closure (name of closed facility): _____
_____	Activation of a contingency plan at a treatment facility (name of treatment facility): _____
_____	Health epidemic (identify health dept. and epidemic): _____
_____	Other, include brief explanation: _____

FEES DUE

Revised: 08/04

File: IW-1

Although you may initially fax this emergency transport registration application to the Ohio EPA, **WITHIN THREE CALENDAR DAYS** this original application and accompanying fee must be received at the Ohio EPA. The fee is \$300.00 per vehicle being registered. Checks or money orders must be made payable to TREASURER - STATE OF OHIO.

(Number of vehicles to be registered) x \$300.00 = Amount of Application Fees Due

_____ x \$300.00 = \$_____

Note: Infectious Waste Generators holding a valid generator registration certificate are exempt from this fee.

Vehicle Information:

Make: _____ Model: _____ Year: _____

Vehicle Serial No: _____

License No: _____ State: _____

Vehicle Information:

Make: _____ Model: _____ Year: _____

Vehicle Serial No: _____

License No: _____ State: _____

Vehicle Information:

Make: _____ Model: _____ Year: _____

Vehicle Serial No: _____

License No: _____ State: _____

Vehicle Information:

Make: _____ Model: _____ Year: _____

Vehicle Serial No: _____

License No: _____ State: _____

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Full Name: _____

Please type or print; if not legible the application will be returned

Official Title: _____

Signature: _____

The mailed hard copy must contain an **original signature**; photocopies of signatures can not be accepted.