



Initial Application for Registration as a Producing Facility of Medical Waste

This information is **required** under authority of Part 138 of 1978 PA 368 as amended. Failure to register is subject to an administrative fine of \$500.00. If you are registering for more than one (1) facility, please complete and submit a separate application and a sum of total fees for each.

- PLEASE PRINT ALL REQUIRED INFORMATION -

PRODUCING FACILITY NAME AND ADDRESS: Enter the facility name and address as it is to appear on the Certificate of Registration.	
PRODUCING FACILITY NAME	
STREET ADDRESS	
CITY, STATE, ZIP CODE	COUNTY
CONTACT NAME	TITLE
TELEPHONE NUMBER	EMAIL ADDRESS
APPLICATION DATE	

BILL TO NAME AND ADDRESS: Enter the BILLING name and address if different from the producing facility name and address.	
BILL TO NAME	
PO BOX OR STREET ADDRESS	
CITY, STATE, ZIP CODE	COUNTY
CONTACT NAME	TITLE
TELEPHONE NUMBER	EMAIL ADDRESS

FACILITY TYPE AND FEE: Choose the appropriate type.		
Type#	Facility Type Description	Fee
01	Private Practice <4 licensees (MD, DO, DDS, DVM,, etc.)	\$50.00
02	Private Practice 4 or more licensees (see above*)	\$80.00
03	Health Dept./University/School/Urgent Care Clinic	\$75.00
04	County Medical Care Facility	\$75.00
05	Freestanding Surgical Outpatient Facility	\$75.00
06	Health Maintenance Organization	\$75.00
07	Hospice	\$75.00
08	Hospital – 150 or More Beds	\$150.00
09	Hospital – Less than 150 Beds	\$75.00
10	Laboratory – Clinical/Analytical/Research	\$150.00
11	Mental Health Facility	\$75.00
12	Mortuary	\$75.00
13	Nursing Home	\$75.00
14	Pharmacy	\$75.00
15	Animal Control Shelter	\$75.00
16	Ambulance Operation/Adv. Mobile Emergency Care	\$75.00
17	State Facility (Inter-Agency)	\$75.00
18	Tattoo/Body Art Facility	\$75.00
19	Other (*Specify):	\$75.00

SPECIALTY:
<input type="checkbox"/> Private Medical <input type="checkbox"/> Private Dental <input type="checkbox"/> Hospital/Health System <input type="checkbox"/> Dental <input type="checkbox"/> Veterinary <input type="checkbox"/> Governmental <input type="checkbox"/> Transfer/Storage Facility <input type="checkbox"/> Pharmacy <input type="checkbox"/> Funeral/Mortuary <input type="checkbox"/> Nursing/Hospice <input type="checkbox"/> Other (*specify)

*** PLEASE NOTE ***

To obtain a copy of the MWRA, a sample Medical Waste Management Plan, a listing of medical waste disposal and treatment facilities, FAQs, and other useful reference information, visit the Medical Waste Regulatory Program (MWRP) Web site below:
www.michigan.gov/deqmedwaste

If you have any questions, please send an e-mail to MWRP staff at medicalwaste@michigan.gov or call **517-241-2924**

Upon receipt of all required information and appropriate fees, the EGLE will issue a Certificate of Registration to the applicant, which is valid for 3 years from the date of its issuance.

Please make check or money order payable to **STATE OF MICHIGAN**, and remit application with /appropriate fee(s) to:
 REVENUE OFFICE - MW
 DEPT. OF ENVIRONMENT, GREAT LAKES, AND ENERGY
 PO BOX 30657
 LANSING MI 48909-8157

For Cashier's Use Only:
