



APPLICATION FOR MEDICAL WASTE
GENERATOR IDENTIFICATION NUMBER

for ADEM use only	
Date Received	
Reviewed by	
Generator ID Number	

A. Facility Information

Facility Name: _____
 Street Address: _____
 City, State, Zip: _____
 Telephone: _____ County: _____

B. Applicant Information

Mailing Address: _____
 City, State, Zip: _____
 Telephone: _____
 Responsible Official: _____
 Title: _____

C. Type of Facility (check all that apply)

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Medical Clinic |
| <input type="checkbox"/> | Dentist |
| <input type="checkbox"/> | Licensed Nursing Home |
| <input type="checkbox"/> | Physician |
| <input type="checkbox"/> | Veterinarian |
| <input type="checkbox"/> | Ambulance Service or Facility |
| <input type="checkbox"/> | Emergency Services Location (e.g., EMT facility at fire station) |
| <input type="checkbox"/> | Other; describe _____ |

D. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

signature of responsible official

date signed

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Instructions for ADEM Form 410

All facilities that generate regulated medical waste must obtain an Identification Number which registers that facility with the Alabama Department of Environmental Management. To obtain an ID number, complete Form 410 as instructed below.

For each Section, complete the Form as follows:

A. Facility Information.

Provide the name and address of the medical waste facility. This is information for the individual facility actually generating medical waste.

B. Applicant Information.

Provide the name and address of the person applying for the ID Number, and the name and title of the responsible corporate official. This is information for the owner or operator of the medical waste facility.

C. Type of Facility.

Check the type of facility for which the application is being submitted.

- Hospital is an institution providing medical and surgical care.
- Clinic is a group practice facility that provides ambulatory care of one or more specialties, such as family practice centers, surgical centers, hemodialysis, prenatal or post-partum care, outpatient drug treatment centers, nonresidential medical daycare centers, etc.
- Dentist is a single or multiple private-practice dental office or clinic.
- Licensed Nursing Home is a facility providing skilled or unskilled care, and also includes assisted living facilities.
- Physician is a single or multiple private-practice physicians' office.
- Veterinarian is a single or multiple private-practice veterinary office or clinic.
- Ambulance Service or Facility is a facility or location where ambulances or other transportation vehicles are located.
- Emergency Services Location is a facility providing nonresident emergency medical services or is a base of operation from where emergency medical personnel are dispatched, such as a fire or police station with EMT personnel.
- Other is any other facility generating medical waste, such as infirmaries, laboratories, blood banks, funeral homes or embalmers, etc.

D. Certification statement should be signed and dated by a responsible corporate official.

Submit the application to ADEM at the following address:

Alabama Department of Environmental Management
Program Support Unit
Environmental Services Branch
Post Office Box 301463
Montgomery, Alabama 36130-1463

Contact the Environmental Services Branch at 334-271-7984 if you have questions regarding completion of this form. Forms may also be faxed to ADEM at 334-279-3050.