



SECTION 2. Biomedical Waste Information

In the columns listed below, please enter information concerning biomedical waste transported by type, types of medical facilities served, and destination of wastes.

| <u>2(a) Types of Biomedical Wastes Transported</u> | <u>2(b) Types of Medical Facilities Served</u> | <u>2(c) Destinations</u> |
|--|--|--------------------------|
| _____  | _____  | _____                    |
| _____  | _____  | _____                    |
| _____  | _____  | _____                    |
| _____  | _____  | _____                    |
| _____  | _____  | _____                    |

SECTION 3. Conveyance Operator Information

In the columns below, please list the operator(s) of your company's conveyances that you are applying to license.

| <u>3(a) Operator's Name</u> | <u>3(b) Maine or Other State Operator's License Number(s)</u> | <u>3(c) Type of Operator License(s) Held (e.g. Class I)</u> |
|-----------------------------|---|---|
| _____                       | _____   | _____   |
| _____                       | _____   | _____   |
| _____                       | _____   | _____   |
| _____                       | _____   | _____   |
| _____                       | _____   | _____   |

3(d) Submit a copy of the past three (3) years' driving record for each of the operators listed on the application. This must be an official record or an attested copy of motor vehicle violations issued by the State Motor Vehicle Department where each operator is licensed.

**SECTION 4. Conveyance Information**

"Conveyance" means any vehicle used for transportation of biomedical waste on land, water or in the air. For the requirements that a license be obtained, the term includes only the cargo carrying portion of a conveyance. (FOR EXAMPLE: IN THE CASE OF A TRACTOR/TRAILER COMBINATION, ONLY THE TRAILER IS REQUIRED TO BE LICENSED.)

Listed below are columns (a) through (i) which provide detailed information on each conveyance to be used to transport biomedical waste.

|         | <u>4(a) Year</u> | <u>4(b) Make</u> | <u>4(c) Type<br/>(e.g., trailer)</u> | <u>4(d) Serial No.</u> | <u>4(e) Registration<br/>Number</u> | <u>4(f) Capacity<br/>(volume)</u> | <u>4(g) Type Biomedical<br/>Waste Transported</u> |
|---------|------------------|------------------|--------------------------------------|------------------------|-------------------------------------|-----------------------------------|---|
| Conv. 1 | _____            | _____            | _____                                | _____                  | _____                               | _____                             | _____   |
| Conv. 2 | _____            | _____            | _____                                | _____                  | _____                               | _____                             | _____   |
| Conv. 3 | _____            | _____            | _____                                | _____                  | _____                               | _____                             | _____   |
| Conv. 4 | _____            | _____            | _____                                | _____                  | _____                               | _____                             | _____   |
| Conv. 5 | _____            | _____            | _____                                | _____                  | _____                               | _____                             | _____   |
| Conv. 6 | _____            | _____            | _____                                | _____                  | _____                               | _____                             | _____   |
| Conv. 7 | _____            | _____            | _____                                | _____                  | _____                               | _____                             | _____   |

|         | <u>4(h) Address Where the Conveyance is Stored</u> | <u>4(i) Is This Conveyance a Motorized Vehicle or Strictly a Carrying Conveyance?</u> |
|---------|--|---|
| Conv. 1 | _____  | _____   |
| Conv. 2 | _____  | _____   |
| Conv. 3 | _____  | _____   |
| Conv. 4 | _____  | _____   |
| Conv. 5 | _____  | _____   |
| Conv. 6 | _____  | _____   |
| Conv. 7 | _____  | _____   |

**SECTION 5. Evidence of Liability Insurance Coverage** (Applicants must submit a copy of their current insurance certificate covering their biomedical waste transportation operations). In no event shall the limit of liability be less than \$1,000,000 per occurrence. Liability insurance coverage amounts must be exclusive of legal defense costs.

NOTE: Updated certificates must be submitted whenever a renewal application is filed, when the insurance coverage is renewed, or an amended insurance certificate is issued.

SECTION 6. Applicant's History of Compliance with Environmental Laws (pertaining to biomedical or infectious waste, hazardous waste and waste oil).

Environmental Permits Held  
(except for transporter operator and conveyance permits)

Expiration Date

State of Issuance

Enforcement Action (if yes, please attach a copy of the action)

|       |       |       |       |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Environmental Permits Revoked or Suspended

Reason for Revocation or Suspension

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |

Environmental Permit Enforcement Action (if not already covered above)

Enforcement Action Taken

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |

SECTION 7. Operational History

A. Safety History

Please describe in writing all incidents of biomedical waste, waste oil, hazardous waste or hazardous material releases to the environment or accidents involving biomedical waste, waste oil, hazardous waste or hazardous material that your business, operators, or conveyances have been involved in within the last 5 years. Please include dates and locations.

\_\_\_\_\_

\_\_\_\_\_

B. Training Program

Please describe below the training program in operation at your business for the safe handling and transportation of biomedical waste. Include the specific training that the operators listed in Section 3 have received regarding the safe handling and transportation of biomedical waste (attach additional sheets as necessary).

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C. Spill Prevention, Control and Countermeasure Plan (SPCC) for Biomedical Waste

Does your company have an SPCC Plan?      yes      no. If yes, please attach a copy to this application.

SECTION 8. Attach applicable license fee (make check or money order payable to: Hazardous Waste Fund - Biomedical Waste Transporter Account)

Fee Schedule is as follows:

\$100 for a basic license which covers one conveyance, one operator, and one business location.  
Each additional license not covered by the basic license costs:

- conveyance license: \$50.00 each
- operator license: \$50.00 each
- location license: \$50.00 each

8(a) Amount Submitted \$ \_\_\_\_\_ 8(b) Check or Money Order Number \_\_\_\_\_

