



**CERTIFICATION FOR NON MEDICAL WASTE GENERATORS AND MEDICAL WASTE  
GENERATORS NOT REQUIRED TO REGISTER**

**Please indicate the appropriate statement.**

- ( ) I declare under penalty of law that to the best of my knowledge and belief I do not generate, store, or treat any of the wastes specified on the Pre-Application Questionnaire as Regulated Medical Wastes.
- ( ) I declare under penalty of law that I will not be treating regulated medical waste at my facility by means of autoclaving, incinerating or microwaving nor will I or my staff be transporting untreated medical waste without the use of a registered hazardous waste hauler.

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS:

Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_

NAME OF RESPONSIBLE PERSON: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Please return this certification to the address listed below:

KINGS COUNTY HEALTH DEPARTMENT  
DIVISION OF ENVIRONMENTAL HEALTH SERVICES  
330 CAMPUS DRIVE  
HANFORD, CA 93230

Thank you.