



Ventura County Environmental Health Division
 800 S. Victoria Ave., Ventura CA 93009-1730
 TELEPHONE: 805/654-5007 or FAX: 805/477-1595
 Internet Web Site Address: www.ventura.org/rma/envhealth

LIMITED-QUANTITY HAULING EXEMPTION FOR TRANSPORTATION OF MEDICAL WASTE

Name of Generator (DBA): _____																			
Business Address: _____																			
Mailing Address: _____																			
Contact Person: _____	Telephone: _____																		
<p>The person(s) listed below are authorized to transport medical waste in a vehicle in accordance with Section 118030, California State Health and Safety Code, Medical Waste Management Act. (Use additional sheets if necessary.) This document shall be carried in the vehicle at all times medical waste is being transported along with tracking documents or multi-entry log.</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </table>		_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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Destination of Waste: _____																			
List other counties through which medical waste will be transported. _____																			
<p>I/We certify that I qualify for this exemption in that less than 20 pounds of medical waste are generated per week and less than 20 pounds of medical waste are transported at any one time. A Medical Waste Management Information Document is on file in my office.</p>																			
_____ Generator or Authorized Representative	_____ Date																		

FOR OFFICIAL USE ONLY - DO NOT WRITE BELOW THIS LINE

This exemption is NON-TRANSFERABLE and is valid only through continued compliance with all applicable State and Local Laws, Ordinances, Rules and Regulations. This exemption may be suspended or revoked for due cause.

_____ Registered Environmental Health Specialist	_____ Date
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Copy to: _____