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| **FORM 2****MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY****APPLICATION FOR****MEDICAL WASTE TRANSPORT CONTRACTOR****COMPANY EXPERIENCE AND PERSONNEL** |
| In 250 words or less, describe a history of your company and its experience, both in the State of Mississippi (if any) and in surrounding states (if any), as it relates to medical waste collection, transportation, and/or disposal. If additional space is needed below, continue using an attached page. |
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| Location of Principal base of operations | City: |  | State: |  |
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| Location of any hub stations from which it may operate | City: |  | State: |  |
|  |
| Approximate number of vehicles available to accomplish the work: |  |
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| Names of personnel to be involved in managing or supervising work, including those involved with invoicing. | 1 |  |
| 2 |  |
| 3 |  |

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| \*A hub station is considered to be any location, other than its principal base of operations, where personnel, equipment, and/or vehicles are stationed and will be utilized to assist in the work described in this Request for Applications |