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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. | | | | | |
|  | | | | | |
| Location of Principal  base of operations | City: | |  | State: |  |
|  | | | | | |
| Location of any hub stations from which it may operate | | City: |  | State: |  |
|  | | | | | |
| Approximate number of vehicles available to accomplish the work: | | | |  | |
|  | | | | | |
| |  |  |  | | --- | --- | --- | | Names of personnel to be involved in managing or supervising work, including those involved with invoicing. | 1 |  | | 2 |  | | 3 |  | | | | | | |
|  | | | | | |
| \*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 | | | | | |