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| **FORM 3****MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY****APPLICATION FOR****MEDICAL WASTE TRANSPORT CONTRACTOR****CHAIN OF CUSTODY** |
| Applicant should describe its procedures and/or software used to provide manifests documenting where and when all medical wastes are picked up and where and when all wastes are turned over to a medical waste treatment facility. Attach a copy of a typical manifest that is used by the Applicant.` |
| List the names of medical waste treatment facilities and their location that you expect to use on a routine basis. [Note: Contractors will not be restricted to using only those listed.] |
| Name of Medical Waste Treatment Facility | Location (City and State) |
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