|  |  |
| --- | --- |
| **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) |
|  |  |
|  |  |
|  |  |