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| **FORM 5****MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY****APPLICATION FOR****MEDICAL WASTE TRANSPORT CONTRACTOR****ACKNOWLEDGEMENT & SIGNATURE** **FORM** |
| Name of Company (Applicant): |  |
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| Name of Company Representative: |  |
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| Telephone: |  | E-mail Address: |  |
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| **Reimbursement to contractors selected from this Request for Applications will be at a rate $55.00 per standard 30-gallon** **box of medical waste picked up. MDEQ shall have 45 days from the date an invoice is received with all supporting documentation (final manifests) to make payment. MDEQ will not pay any special fees or surcharges established by the Contractor.** |
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| By signing below, the Applicant or Company Representative on behalf of the Applicant certifies and further acknowledges:  |
|  | 1. That the Applicant has thoroughly examined, understands, and agrees to all provisions of this Request for Applications, including all attachments herein, and any subsequently published amendments;

    2. That the Applicant meets all requirements and acknowledges all certifications contained in this Request for Applications and the attachments herein;   3. That the Applicant will perform, without delay, the services required at the rate and stipulations quoted above;   4. That the Applicant will secure at its own expense appropriate personnel who shall be qualified to perform the duties required to be conducted under this Request for Applications;5. That the person signing below has the authority to bind the company.  |
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| Printed Name: |  |
|  |
| Signature: |  | Date: |  |
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