

September, 2025



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY  
OFFICE OF POLLUTION CONTROL  
SOLID WASTE DIVISION  
P. O. BOX 2261  
JACKSON, MS 39225

## REGISTRATION FORM HOME-GENERATED SHARPS COLLECTION STATION

Instructions: Type directly into the fields below. When completed, save to your computer. Print a copy of the completed form and mail to the above address or return by email to [bbarnett@mdeq.ms.gov](mailto:bbarnett@mdeq.ms.gov). If you are registering multiple locations for one entity (e.g. fire departments, chain pharmacies, etc.), you may attach a typed list of locations with physical addresses and phone numbers for each location.

Name of Business or Organization:

Street Address:

City/Town:    ~~XXXXXXXXXX~~    ~~AA~~    Zip Code:    ~~XXXXXX~~    ~~XXXX~~    Phone:

\*\*\*\*\*

Name of Person Responsible for Operating the Station:

Mailing Address of Person Above:  
(if different from street address)

City/Town:    ~~XXXXXXXXXX~~    Zip Code:

.....

☐ Check this box only if you wish for this collection station to be excluded from the MDEQ's published list of sharps collection stations?

.....

THANK YOU FOR REGISTERING AND OPERATING A SHARPS COLLECTION STATION. YOUR EFFORTS TO DO SO PROVIDE A SERVICE TO EVERY PERSON WHO USES SHARPS IN THEIR HOME AND A COMMITMENT TO A SAFER ENVIRONMENT FOR EVERYONE IN YOUR COMMUNITY.