FLORIDA DOH BIOMEDICAL WASTE PERMIT | PN SYSTEM INTAKE

Bio-Waste License Application Data

Questions: 305-818-5940 • Email the form to: info@pnsystem.com

How to complete: save this document to your computer, type the information using Adobe Reader, then email it to us (use the **Email Form** button). **Please do not print or scan the form**, and use proper capitalization.

☐ **$45.00** complete application

1 FACILITY INFORMATION

Application type: ☐ Initial ☐ Renew *Mark X in the box that applies*

FACILITY NAME		TAX ID
ADDRESS (STREET, SUITE, CITY, STATE, ZIP)		
E-MAIL	PHONE	FAX
AGENCY OWNER		OWNER PHONE

2 TYPE OF FACILITY

Check the one most descriptive of the facility type

- ☐ 01 Ambulance
- ☐ 02 Ambulatory Surgery Center
- ☐ 03 Ancillary Testing Site in Health Care Facility
- ☐ 04 Assisted Living Facility (ALF)
- ☐ 05 Blood Bank
- ☐ 06 Community Clinic
- ☐ 07 Comp. Outpatient Rehab Facility
- ☐ 08 End Stage Renal Disease Dialysis Facility
- ☐ 09 Federally Qualified Health Center
- ☐ 10 Health Fair
- ☐ 11 Health Main
- ☑ 12 Home Health Agency
- ☐ 13 Hospice
- ☐ 14 Hospital
- ☐ 15 Independent
- ☐ 16 Industrial
- ☐ 17 Insurance
- ☐ 18 Intermediate Care Facility for Mentally Disabled
- ☐ 19 Mobile Laboratory
- ☐ 20 Pharmacy: _____
- ☐ 21 Physician Office **Is this a shared lab?** ◉ Yes ○ No
- ☐ 22 Practitioner Other (specify): _____
- ☐ 23 Prison
- ☐ 24 Public Health Laboratories
- ☐ 25 Rural Health Clinic
- ☐ 26 School / Student Health Service
- ☐ 27 Skilled Nursing Facility / Nursing Facility
- ☐ 28 Tissue Bank / Repositories
- ☐ 29 Other (specify): _____

FACILITY CONTACT NAME	CONTACT PHONE

Email Form **Clear Form**



NEW SERVICE

Staff Digital IDs

✓ **Recognize your team**
Photo, name, role and agency in one ID

✓ **Check current status**
QR code opens live online verification (can be added to Apple or Google Wallet)

✓ **Respond to staff changes**
Inactivate an ID when someone leaves

$5.00 PER STAFF ID • FULL SERVICE
Design • activation • email delivery

Get started: staffdigitalids.com