The Wisconsin Department of Natural Resources (WDNR) infectious waste transporter license is an annual license with the license period beginning on October 1 and expiring on September 30. The fee for this license is $275.00 (includes one vehicle), plus $22.00 for each additional vehicle. This license is subject to renewal to remain current. Licensed facilities will receive a renewal application during May of the year of expiration, followed by a billing statement in June. Late renewal applications are subject to a late processing fee equal to 50% of the renewal fee or $150.00 whichever is less, in addition to the relicensing fee.

Return the completed application form, the completed Social Security Number/FEIN Collection Request and a check or money order payable to the Wisconsin Department of Natural Resources for the appropriate fee to the regional license contact. To determine the correct regional office for your service, please find the region in which your facility is located. If your facility is located out of state, return your application materials to the regional office in which the majority of your service will be provided, or the region that will be your point of entry to the State of Wisconsin. Please keep the copy of the completed application form for your reference.

Please be aware that United States Department of Transportation rules preempt Wisconsin rules with respect to the following: the description and classification of materials, packaging, shipping documents, reporting and labeling requirements. In other words, if there is any conflict between USDOT and WDNR rules, you must follow the USDOT rules. If you have any questions about USDOT rules, call the USDOT/RSPA helpline at 1-800-467-4922. The DNR has revised NR 526 to reflect the USDOT preemption.

If you have any questions regarding the license application or the license process, please contact your regional license contact.

For More Information:

To access Wisconsin's medical waste rules (Ch NR 526) see:

- http://www.legis.state.wi.us/rsb/code/nr/nr526.pdf

For more information on medical waste visit the DNR Waste Program website:

- http://www.dnr.state.wi.us/org/aw/wm/medinf/

Legal Note: This document is intended solely as guidance, and does not contain any mandatory requirements except where requirements found in state statute or administrative rule are referenced. This guidance does not establish or affect legal rights or obligations, and is not finally determinative of any issues addressed. This guidance does not create any rights enforceable by any party in litigation with the State of Wisconsin or the Department of Natural Resources. Any regulatory decisions made by the Department of Natural Resources in any matter addressed by this guidance will be made by applying the governing statutes and administrative rules to the relevant facts.

State of Wisconsin
Department of Natural Resources
dnr.wi.gov

Infectious Waste Transportation License Application

Form 4400-205 (R 4/08)

Leave Blank - DNR Use Only

Date Received	Exp. Year	Check No.	Check Amt.	License No.	FID No.	Date License Issued	Completed By

Notice: Information requested on this form is required for any application filed pursuant to s. 289.31, Wis. Stats., and s. NR 526.10, Wis. Adm. Code. The Department will not consider your application unless you submit complete information. Information collected will be used to implement the solid waste management regulatory program. Personally identifiable information is not intended to be used for any other purpose, but may be made available to requestors as required under the Wisconsin Open Records Law [ss.19.31-19.39 Wis. Stats].

Instructions: Applicants for transporting infectious waste must complete, sign and date this application. A social security number or Federal Employer Identification Number (FEIN) must also be provided. Applicants for transporting solid waste must apply for a separate license using Form 4400-179. Applicants for transporting hazardous waste must apply for a separate license using Form 4400-086.

1. Transporter Name (company or business name)

2. Licensee Name, if different than #1

3. Owner Name

4. Ownership Type (private, state, county, local, federal)

5. Authorized Contact Person Name

6. Telephone Number of Contact Person (include area code)

Ext.

Title of Authorized Contact Person

7. E-mail Address

Mailing Address (street, route or box number)

City, State, Zip Code

8. Transporter Type (Check Box)

☐ Infectious Waste (025)

Commercial Availability (Check Box)

☐ Commercially Available for Hire

☐ Private Use Only

9. Transport Vehicle Location Address (NOT post office box)

City, State, Zip Code

10. County

11. Waste Transported: ☐ Infectious Waste (W420) ☐ Other: _____

12. List Counties of Operation or Check the Statewide Box ☐ Statewide

1. _____ 5. _____

2. _____ 6. _____

3. _____ 7. _____

4. _____ 8. _____

13. Facilities to Which Waste is Taken (include DNR License Number if known)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

OVER

14. Transporting Vehicles to be Licensed (attach additional sheet if necessary)

Complete the following information for each vehicle being licensed. Each vehicle listed on this form will be charged the "per truck" fee.

- Tractor-trailer units: Complete the information for the tractor only.
- Roll off boxes: Complete the information for the combined unit.

a) State and License Plate No.	b) Make / Model / Year	c) Vehicle Identification No.
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12		
13.		
14.		
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16.		
17.		
18.		
19.		
20.		

I hereby certify that the information and attachments provided are true, accurate and complete.

Signature of Applicant	Title	Date Signed

State of Wisconsin
Department of Natural Resources
PO Box 7921, Madison WI 53707-7921

Social Security Number / FEIN Collection Request

Form 9400-568 (R 11/01)

Notice: Individuals are required to provide a social security number (SSN) or Federal Employer Federal Identification Number (FEIN) to be used as specified below.

1. Provide the SSN for the Department to consult with the Department of Workforce Development to determine whether the applicant is delinquent in court-ordered child or family support payments:
   - under s. 29.024(2g)(a)Wis. Stats., when applying for a hunting, fishing or personal license, permit or certification
   - under 299.08(1), Wis. Stats., when applying for certain occupational licenses or approvals
2. Provide the SSN or FEIN for the Department to consult with the Department of Revenue to determine whether the applicant is delinquent in paying Wisconsin taxes:
   - under s. 29.024(2r)(a) and 299.07(1), Wis. Stats., when applying for certain occupation-related licenses or approvals
   - Laws for tax delinquency determination require an individual to submit a social security number. Applicants who are not individuals [i.e. businesses] are required to provide a Federal Employer Federal Identification Number (FEIN).

The Department cannot process your application for a license, permit, approval, certification or renewal unless you provide the information requested. Information collected on this form is confidential. The number SHALL NOT be disclosed to any other person except the Department of Workforce Development or the Department of Revenue. By requesting SSN and FEIN data on a form that is separate from applications and renewals, the Department is taking extra steps to assure the confidentiality of this information.

Purpose: The 1999 Wisconsin Acts 9 and 32 set requirements for people and businesses licensed, registered, certified, or permitted to conduct business in Wisconsin to provide their Social Security Number or Federal Employer Identification Number. The purpose of this law is to help collect child support from parents [section 49.857(2)(b)5, Wis. Stats.] and collect taxes from individuals and businesses [section 73.0301(2)(c)2, Wis. Stats.] that are delinquent in their payments. This law also requires the Department of Natural Resources to deny or revoke the licenses, permits, registrations or certifications to these individuals and businesses [sections 29.024, 299.07 and 299.08 Wis. Stats.].

For copies of the State Statutes, contact the Wisconsin Revisor of Statutes Bureau.

- Visit their internet site at http://www.legis.state.wi.us/rsb/ or
- If you do not have internet access, call (608) 266-2011.

Instructions

Print or type clearly and provide complete information for DNR processing purposes. Include:

- Your name, phone number, address and ***Social Security Number (SSN)*** if your application is for any ***personal*** license, permit, registration or certification.
- Your name, phone number, address and ***Federal Employer Identification Number (FEIN)*** if your application is for any ***business*** license, permit, registration or certification.

Sign and mail this completed form along with your license, permit, certification or registration application or renewal form.

NOTE: If you have multiple licenses, permits, certifications and registrations, you are likely to be asked to complete separate forms with each type of application or renewal.

Applicant Information

Last Name	First	MI	Telephone Number	SSN For Individual

Business	Business Telephone Number	FEIN For Business

Address	City	State	ZIP Code

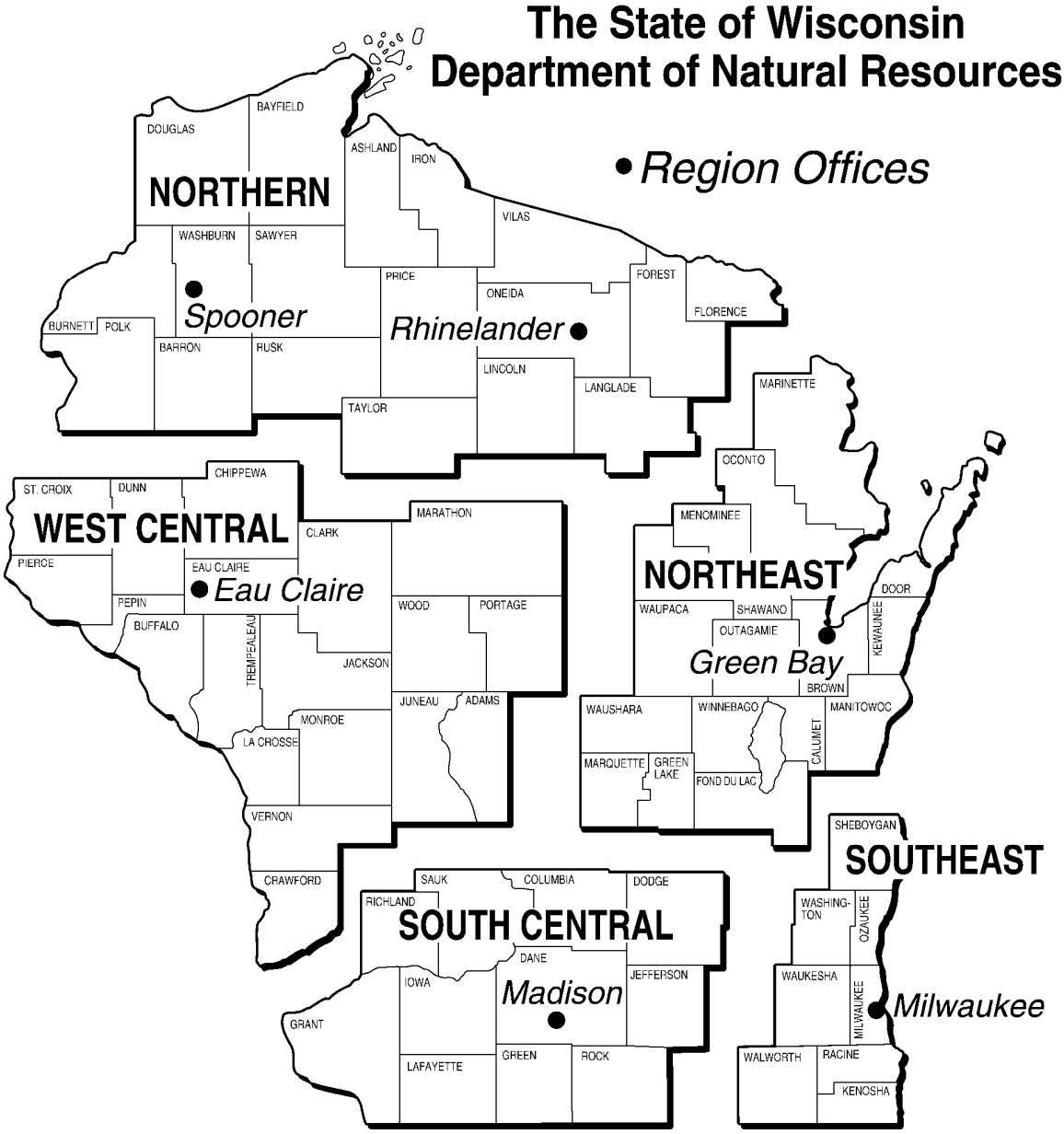
Certification

I certify that information provided on this form is true and correct.

Applicant Signature	Date Signed

DNR Use Only	
License, Registration, Certification or Permit Type	**License, Registration, Certification or Permit Number**

The State of Wisconsin Department of Natural Resources



NORTHERN REGION
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Vacant
Diane Hammel (920) 662-5166
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susan.brumberg@wisconsin.gov

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SOUTHEAST REGION
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WEST CENTRAL REGION
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