

Applying as a Medical Waste Generator.

1. Log into the MyHD portal.

*If this is your first time using the portal, follow the instructions in **Creating a MyHD Account & Making a Payment** guide.*


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Sacramento County Environmental Management Department

11080 White Rock Road, STE 200, Rancho Cordova, California 95670 | [Visit Official Website](#)

You can utilize this online service to access all things related to the Department, including applications, payments, and other services. In order to do so you must create an account. You can do so by [SIGNING UP HERE](#) or access an existing account by [LOGGING IN HERE](#).

Click [HERE](#) to view your local Inspections and Plan Review statuses.



My Health
Department

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2. Under “How can we help you?”, locate and click on “[Apply for a Permit](#)”. *If you need a copy of your application after submittal, you can refer to “[View Current Applications](#).”*

How can we help you?

[Apply for a Permit](#) | [View Current Applications](#)

[Access Cross Connection/Backflow Prevention Portal](#) | [View Current Applications](#)

[Request Other Services](#)

[Make a Payment](#) | [View Payment History](#)

3. Click on “[Medical Waste Generator](#)”.

Please select which action you would like to take

Cottage Food

Medical Waste Generator

- Fill out the application information. *All required fields are in red.*

Application - Medical Waste Generator

Please fill out the form below and click "Submit" at the bottom of the screen.

If you have already applied and need to submit extra documents, please email them directly to medicalwaste@saccounty.gov. Please do not submit another application.

Required fields are marked with an asterisk *

General Application Information

* Business Name

* Site Address

- To add information under the Medical Waste Generated section, click on "Add".

Medical Waste Generated

Add

▼Medical Waste Type	▼Average Pounds Generated per Month	▼Peak Pounds Generated Any Single Month	▼Pounds Treated Onsite per Month	Edit	Delete
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- Select the "Medical Waste Type" from the drop-down, fill out the amounts where applicable, and click on "Add" again. Repeat if you have multiple types of medical waste.

* Medical Waste Type

Select an Option 

Average Pounds Generated per Month

Peak Pounds Generated Any Single Month

Pounds Treated Onsite per Month

Add **Cancel**

7. Review the statement in blue, select "I Agree" from the drop-down, fill out your name, and today's date.

Applicant Information

I declare under penalty of law that to the best of my knowledge and belief, the statements made herein are correct and true. I hereby consent to all necessary inspections made pursuant to the California Medical Waste Management Act and incidental to the issuance of this Registration/Permit and the operation of this business.

- * I certify that I have read and agree with the declaration above.

I Agree

- * Applicant Name

- * Date

MM/DD/YYYY

8. Once the application is filled out, upload the required documents. Click on "Choose File" to select your documents, enter a description in the box below, and then click on "Upload File".

Please describe documents accurately. Example: Medical Waste Management Plan, List of Generators Served, List of Generators Operating at Address

File Uploads

File

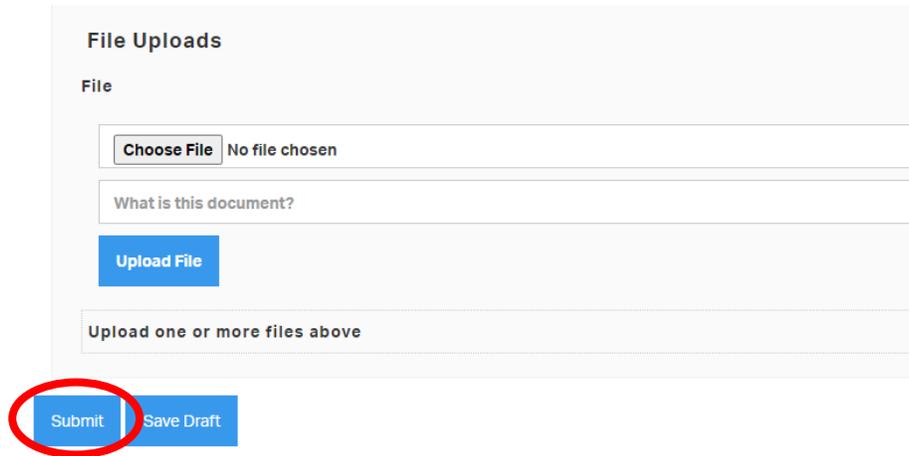
Choose File No file chosen

What is this document?

Upload File

Upload one or more files above

9. Click “Submit”, or “Save Draft” if you need to return to your application later.



File Uploads

File

Choose File No file chosen

What is this document?

Upload File

Upload one or more files above

Submit Save Draft

10. To locate any drafts, click on “Saved Drafts” in the top right corner.

