



Applicant must submit the following to the Professional Licensing Boards Division:

- a) completed application
- b) license fee plus the processing fee
- c) secure and verifiable document for each owner of the business
- d) surety bond
- e) certificate of insurance
- f) professional certificates
- g) Environmental Protection Division permit
- h) background check consent form for each owner of the business*
- i) information on any arrests or convictions

Status Check: Check the status of your application on the License Verification page at www.sos.ga.gov.

REGISTRATION FEES AND REQUIRED DOCUMENTATION

Fee: \$100.00 plus the \$10.00 processing fee payable to the Registration of Trauma Scene Waste Management. Checks, money orders, or cashier checks are accepted.

Surety Bond: \$25,000 Surety Bond (executed with a surety company)

- a) Bond must run concurrent with the registration.
- b) Bond must be issued in the **exact** name of the business.
- c) Bond must be an **original (not a copy)** and have "**power of attorney**" attached.
- d) Bond must be **signed**, and you should keep a copy for your files.

ORIGINAL CERTIFICATE OF INSURANCE on an Acord Form (provided by insurance agency) indicating:

- a) Policy number (binders or receipts will not be accepted)
- b) General Liability Limit Amounts – minimum of single limit of \$100,000
- c) "Location" on certificate must show **exact** name and address as entered on the application.
- d) "Certificate Holder" must be Georgia Office of Trauma Scene Waste Management, 237 Coliseum Dr., Macon, GA. 31217

***Fingerprint-based Background Check:**

NOTE: You must have an application on file with the Board before you can complete the background check process. However, you do need to preregister with Georgia Applicant Processing Services (GAPS) to be added to their list of Georgia applicants.

To preregister with GAPS-

- Go to <https://www.aps.gemalto.com/ga/index.htm> (contact # 888-439-2512)
- Select GEORGIA GAPS, then SECRETARY OF STATE (SOS), then TRAUMA SCENE WASTE MANAGEMENT.
- On the registration page, complete the fields as indicated.
- The ORI number field should show GA923458Z.
- Reason for Printing (drop-down box) - Trauma Scene Waste Management Practitioner
- Georgia Residents - **DO NOT CHECK** the "Fingerprint Card User" box.
- Not a Georgia Resident? - **DO** check the "Fingerprint Card User" box and submit fingerprint cards as instructed by GAPS.
- When your registration is complete, and staff verifies that you have an application on file with the Board, staff will notify GAPS that you are clear to finish the background check process, and GAPS in turn will contact you with information about when to report to the GAPS site.



Georgia Secretary of State
Professional Licensing Boards Division
Registration of Trauma Scene Waste Management Practitioner
237 Coliseum Drive • Macon, GA • 31217 • (404) 424-9966 • www.sos.ga.gov

“YES” to Background Questions

If you answer **YES** to any background question, you must include further information about any convictions, including date(s) and place(s) of conviction(s) and arrest(s) AND CERTIFIED COPIES OF THE COURT FINAL DISPOSITION(S) related to same. Remember, a background check is conducted on each applicant, and PLB staff receive those results as part of the application process. **Failure to disclose prior arrests or convictions may result in disciplinary action up to and including denial of your application.**

Incomplete Applications will cause longer processing times. Your application will not be reviewed until all information is received by the Licensing Board. **Allow 15 business days from the date of submission for staff to process the application and documents.**

Check Your Application Status. Visit https://sos.ga.gov/in-depth/licensing/check_application_status page on the website frequently to determine if your registration has been issued. If you have received no communication from the Licensing Board after 15 days from the date you submitted your application, contact the Professional Licensing Boards Division to inquire about your registration status.

Questions? Contact the Licensing Boards Division at 404-424-9966 or write to:

Professional Licensing Boards Division
Office of Trauma Scene Waste Management
237 Coliseum Drive
Macon, Georgia 31217



**APPLICATION FOR TRAUMA SCENE WASTE MANAGEMENT
 PRACTITIONER REGISTRATION**

___ New Registration - \$100 fee plus \$10.00 processing fee
 ___ Reinstatement of Registration # _____ - \$250 fee plus
 \$10.00 processing fee
 **Fees are non-refundable

Date _____	Receipt # _____
Submitted \$ _____	Initials _____

Check here if you are a military spouse or a transitioning
 Service member of the United States armed forces (included the National Guard).

Type of Business – Check One: Sole Proprietorship Partnership Corporation or LLC***

***Legal Name of Business: _____

Date Registered with Georgia Secretary of State - ____/____/____

Trade Name (DBA) if applicable: _____

FEI #: _____

Designee Name (Person authorized as Registration Holder for the business-must be listed as an owner on this application):

Last _____ First _____ Middle _____

Email Address: _____

Physical Location Address of the Business (address will show on registration):

 (Street, Address, Suite Number (PO Box in NOT acceptable), City, State, Zip, County)

Mailing Address of the Business:

 (Street, Address, Suite Number, PO Box, City, State, Zip, County)

Phone Number of Business: _____ Alternate Phone Number: _____



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OWNER INFORMATION PAGE

(Each owner must complete an Owner Information Page.
 Print additional copies of this page as needed.)

FOR BOARD USE

Date _____ Initials _____

NAME - Last, First, Middle: _____

Social Security # _____ - _____ - _____ Date of Birth _____ / _____ / _____

Residence Address: _____
 Street, Apt. #, Suite #, No PO Box City, State, Zip

Mailing Address: _____
 Street, Apt. #/Suite #, PO Box City, State, Zip

If you answer YES to any of the following questions, include an explanation and/or certified court documents.

1. Have you had a license/registration revoked, suspended, or otherwise sanctioned by any Board or Agency in this or any other state?
 _____ Yes _____ No
2. Have you been denied issuance of, or, pursuant to Disciplinary Proceedings, refused renewal of a license/registration by any Board or Agency in this or any other state? _____ Yes _____ No
3. Have you ever been arrested for any felony, misdemeanor, DUI or DWI? _____ Yes _____ No
4. Have you ever been convicted, pled guilty, pled Nolo Contendere, or been given First Offender Status for any felony, misdemeanor, DWI or DUI? _____ Yes _____ No

Background Check: The board staff will contact you regarding scheduling of your fingerprint-based background check.

Certifications/Permits: Have you submitted your current EPD and professional certifications/permit? _____ Yes _____ No

CITIZENSHIP QUESTION

- 1) _____ I am a United States citizen 18 years of age or older. **Submit a copy of your current Secure and Verifiable Document(s).** A list of approved documents can be found at www.sos.ga.gov/plb, under Quick Links.
- 2) _____ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

In making the above attestation, I understand that failure to make full and accurate disclosures may result in disciplinary action by the Secretary of State and/or criminal prosecution.

State of _____ County of _____

Subscribed and sworn to before me this _____ day of _____, _____

 Applicant's Signature

 Notary Public

 Applicant's Printed Name

My Commission Expires: _____

Georgia requires a legible ink seal for notarized documents.

If an embossed seal is used a foil overlay or shading should be applied to make the seal legible when digitized.



**AFFIDAVIT OF AUTHORIZATION OF THE DESIGNEE
 FOR A CORPORATION OR LLC**

Please print names

I, _____, hereby name _____
 (President or Secretary of Corporation or LLC) (Designee)

as the designated agent for the Corporation or LLC that appears on this application for registration. This affidavit gives the Designee all rights and responsibilities of a Registration Holder on behalf of the Corporation or LLC and shall provide that actions or omissions of the Corporation or LLC, its Officers, Members, Employees, Agents, Assigns, or Designees in violation of the Georgia Registration of Trauma Scene Waste Management Act or in violation of the Georgia Registration of Trauma Scene Waste Management Rules shall subject the Registration Holder and the Corporation or LLC to any sanctions which may be imposed under the Georgia Registration of Trauma Scene Waste Management Act or under the Georgia Registration of Trauma Scene Waste Management Rules.

We understand that the Registration is not transferrable, and should any owner terminate employment or otherwise become unauthorized to hold the registration, submission of a new application will be required.

 President or Secretary of Corporation or LLC

 Date

 Designee of corporation or LLC

 Date

State of _____ County of _____

Subscribed and sworn to before me this _____ day of _____, _____

 Notary Public

My Commission Expires: _____

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AFFIDAVIT OF AUTHORIZATION OF THE DESIGNEE
FOR A PARTNERSHIP

WE, THE BELOW NAMED PARTNERS, HEREBY NAME _____
 (Please print Designee's Name as entered on Page 1 of Application)

as the Designated Agent for licensure of the business that appears on this application for licensure. This Affidavit gives the Designee all rights and responsibilities of a license holder on behalf of the corporation and shall provide that actions or omissions of the partnership, its partners, employees, agents, assigns, or designees in violation of the Georgia Registration of Trauma Scene Waste Management Practitioners Act or in violation of the Georgia Registration of Trauma Scene Waste Management Practitioners rules shall subject the license holder and the partnership to any sanctions which may be imposed under the Georgia Registration of Trauma Scene Waste Management Practitioners Act or under the Georgia Registration of Trauma Scene Waste Management Practitioners rules.

We understand that should any owner terminate employment or otherwise become unauthorized to hold the license, submission of a new application will be required.

_____ Date _____ Designee _____ Date _____

Partner

_____ Date _____

Partner

State of _____ County of _____

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public

My Commission Expires: _____

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APPLICATION CHECKLIST and AFFIDAVIT

Application Checklist – remember to send these with your application:

- Proof of liability insurance
- Surety Bond
- Proof of all current certifications held:
 - ____ by practitioner in the removal and disposal of regulated biomedical waste or
 - ____ by any contractor used by the practitioner for the provision of trauma scene waste management services.
- Proof of a valid generation and transportation permit from the Environmental Protection Division of the Department of Natural Resources for the provision of trauma scene waste management services or shall submit an affidavit that the registrant contracts with an entity which has such permit.

APPLICANT AFFIDAVIT

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia Registration of Trauma Scene Waste Management, and I agree to abide by these laws and rules, as amended from time to time.

I also understand that if I have made a false statement on the application, or if I am found to have been convicted of a felony and have not had all of my civil rights restored pursuant to the law, my registration may be suspended **without a prior hearing.** I shall be entitled to a hearing after the suspension of my registration.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Secretary of State Professional Licensing Boards Division for which I am applying for registration.

State of _____ County of _____

Subscribed and sworn to before me

this _____ day of _____, _____

 Print Name of Designee

 Signature of Designee

 Notary Public

My Commission Expires: _____

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BOND INFORMATION

BOND NUMBER: _____ COUNTY _____

LICENSED LOCATION ADDRESS: _____

KNOW ALL MEN BY THESE PRESENTS that we, _____, as Principal, and _____ as surety, are held and firmly bound unto HIS EXCELLENCY, Governor of Georgia, and his successors in office in the just sum of TWENTY-FIVE THOUSAND AND NO/100 (\$25,000) DOLLARS, for the use and benefit of any person who may have a cause of action against the registrant for Trauma Scene Waste Management and their employees or contractors, for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors and assigns, each and every one of them, jointly and severally, by these presents.

It is further understood and agreed that this bond shall run concurrent with the registration renewal cycle.

Whereas, the above bound Principal has applied to the Secretary of State of the State of Georgia for registration as a Trauma Scene Waste Management Practitioner in accordance with the laws governing Trauma Scene Waste Management.

NOW THEREFORE, the condition of this obligation is such that if the above bound Principal is registered as a Trauma Scene Waste Management Practitioner, said Principal shall faithfully and honestly act as such in accordance with law, and fully comply with provisions of the Act, and the acts amendatory thereof and supplemental thereto, and if the Principal shall fully indemnify and save harmless from loss the State of Georgia and any person who may have a cause of action against the Principal for any malfeasance of misfeasance in the conduct of Trauma Scene Waste Management then the bond is to be void; otherwise, it is to remain of full force and effect.

It is agreed that this bond is executed pursuant to and in accordance with the provisions of O.C.G.A. Section 43-46A-4(b) et seq. Governing the registration of trauma scene waste management practitioners in Georgia, and is intended to be and shall be construed to be a bond in compliance with the requirements thereof.

IN WITNESS WHEREOF, the Principal and Surety have caused these presents to be duly signed and executed under seal, this _____ day of _____, _____.

 Name of Surety Company

 Address, City, State, Zip

 Signature of Licensee (Principal)

Coutersigned: _____
 _____ Resident Agency

 By Attorney-in-Fact

NOTE: BOND MUST BE SIGNED, and the POWER OF ATTORNEY MUST BE ATTACHED.

CANCELLATION CLAUSE – “No licensee shall cancel, or cause to be cancelled, a bond issued pursuant to the Code Section unless the Board is informed in writing by a certified letter at least 30 days prior to the proposed cancellation.” O.C.G.A. § 43-46A-4(b).