



**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](http://www.sos.ga.gov)

**Applicant must:**

- Submit all required documentation with the completed application
- Include a valid email address for communication about the application and registration

**Status Check:** Check the status of your application on the License Verification page at [www.sos.ga.gov](http://www.sos.ga.gov).

**Submit the following to the Professional Licensing Boards Division:**

- a) completed application
- b) license 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

**REGISTRATION FEES AND REQUIRED DOCUMENTATION**

**Fee:** \$100.00 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:**

The Licensing Boards Division must have an application on file for you **BEFORE** you can have a fingerprint-based background check run. **Do not have your background check run until you receive notice from us that you are eligible to do so.** Background checks must be done at an approved Georgia Applicant Processing Services (GAPS) service site.



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**“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](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



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

\_\_\_\_ New Registration - \$100 fee\*\*

\_\_\_\_ Reinstatement of Registration # \_\_\_\_\_ - \$250 fee\*\*

\*\*Fees are non-refundable

☐ 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: \_\_\_\_\_

**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:** \_\_\_\_\_

|                    |                 |
|--------------------|-----------------|
|                    |                 |
| Date _____         | Receipt # _____ |
| Submitted \$ _____ | Initials _____  |



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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](http://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.



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**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

\_\_\_\_\_  
Applicant's Signature

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Printed Name

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**AFFIDAVIT OF AUTHORIZATION OF THE DESIGNEE  
FOR A PARTNERSHIP**

WE, THE BELOW NAMED PARTNERS, HEREBY NAME

\_\_\_\_\_  
(Print Designee's Name as entered on Page 1 of Application)

as the Designated Agent for registration of the business 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 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 Act or in violation of the Georgia Registration of Trauma Scene Waste Management rules shall subject the registration holder and the partnership 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 should any owner terminate employment or otherwise become unauthorized to hold the registration, submission of a new application will be required.

|                  |               |                   |               |
|------------------|---------------|-------------------|---------------|
| _____<br>Partner | _____<br>Date | _____<br>Designee | _____<br>Date |
|------------------|---------------|-------------------|---------------|

|                  |               |
|------------------|---------------|
| _____<br>Partner | _____<br>Date |
|------------------|---------------|

|                                |                                |
|--------------------------------|--------------------------------|
| State of _____ County of _____ | _____<br>Applicant's Signature |
|--------------------------------|--------------------------------|

Subscribed and sworn to before me

this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
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 or 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

Countersigned:

\_\_\_\_\_  
Resident Agency

\_\_\_\_\_  
Signature of Licensee (Principal)

\_\_\_\_\_  
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).