



**CONTRA COSTA ENVIRONMENTAL HEALTH DIVISION**  
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**PHARMACEUTICAL STEWARDSHIP APPLICATION**

APPLICATION FEE IS DUE AND NON-REFUNDABLE (SERVICE FEES ARE ADDITIONAL, REFER TO FEE SCHEDULE)

**SECTION 1: Type of Application**

- Initial Stewardship Plan Review     
  Amended Stewardship Plan- Substantive Changes     
  Amended Stewardship Plan- Other Reason: \_\_\_\_\_

**SECTION 2: Producer Information**

PRODUCER NAME / DBA:		
PRODUCER ADDRESS:		
CITY/STATE/ZIP CODE:	PRODUCER PHONE #:	PRODUCER FAX #:
PERSON IN CHARGE(PIC) OF STEWARDSHIP PLAN:	PIC PHONE #:	PIC FAX #:
PIC EMAIL:	PRODUCER WEBSITE:	

**SECTION 3: Stewardship Organization Information (If applicable)**

STEWARDSHIP ORGANIZATION NAME / DBA:		
STEWARDSHIP ORGANIZATION ADDRESS:		
CITY/STATE/ZIP CODE:	STEWARDSHIP ORGANIZATION PHONE #:	STEWARDSHIP ORGANIZATION FAX #:
PERSON IN CHARGE(PIC) OF STEWARDSHIP PLAN:	PIC PHONE #:	PIC FAX #:
PIC EMAIL:	STEWARDSHIP ORGANIZATION WEBSITE:	

**SECTION 4: Accounts Receivable Information**

IN CARE OF (Billing Office or Person in Charge):	ACCOUNTS RECEIVABLE BUSINESS NAME:	
ACCOUNTS RECEIVABLE ADDRESS:		
CITY/STATE/ZIP CODE:	PHONE #:	FAX #:

**SECTION 5: Attachments**

- Stewardship Plan     
  Amended Stewardship Plan     
  Stewardship Plan Checklist  
 Notice of Intent to Participate in a Stewardship Program     
  Explanation of Substantive Changes to Amended Stewardship Plan

I certify, under penalty of perjury under the laws of the State of California, that the information on this application and any accompanying documents is true and correct, with the full knowledge that all statements and accompanying documents are subject to investigation, and any false or dishonest information or accompanying documents may be grounds for denial or other actions.

Signature of Applicant: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY						
FA#:	SR#:	AR#:	P/E:	ASSIGNED TO:	RECEIVED BY:	DATE RECEIVED:
AMOUNT DUE: \$	AMOUNT PAID: \$	CHECK #:	METHOD OF PAYMENT: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD			RECEIPT #: XR