



**CONTRA COSTA
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STEWARDSHIP PROGRAM NON-SUBSTANTIVE CHANGE NOTIFICATION

SECTION 1: Type of Change

- | | | |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <input type="radio"/> Producer Contact Information | <input type="radio"/> Stewardship Organization Contact Information | <input type="radio"/> Accounts Receivable Contact Information |
| <input type="radio"/> Change of Kiosk Location Within Retail Pharmacy | <input type="radio"/> Change in Method of Distribution of Prepaid Preadressed Mailers | <input type="radio"/> Change in System for Transporting & Disposing of Collected Drugs in 418-16.208(d) |

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: Description of Changes

Describe changes below. If changes are described in an attachment write "See attachment" in the space below and include attachment with this document.

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: _____ Print Name: _____ Date: _____

FOR OFFICE USE ONLY

FA#:	SR#:	AR#:	P/E:	ASSIGNED TO:	RECEIVED BY:	DATE RECEIVED:
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