



CDA Dental Waste Management & Disposal Guide Self Certification

City of Livermore
Water Resources Division
101 W. Jack London Blvd.
Livermore, CA 94551

Name of Dental Practice: _____

CDA Dental Waste Management & Disposal Guide (enclosed)

Dental facility staff must review the CDA Dental Waste Management & Disposal Guide enclosed. By signing this form, you are indicating that your facility's staff have reviewed this document. You shall attach this document and return it with the *Dental Pollution Prevention Permit Self Certification Form*.

CERTIFICATION STATEMENT

I certify under penalty of law that the information provided above fully describes conditions at the facility at the present time. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME

TITLE

SIGNATURE

DATE