

**SPECIAL MEDICAL WASTE**  
**Additional Vehicle Listing Checklist**

**PAYMENT AND TRACKING FORM MUST BE MAILED TO THE FOLLOWING ADDRESS**  
**(If unable to email vehicle listing and required attachments then include hard copies with payment)**

**Maryland Department of the Environment**  
**PO Box 1417**  
**Baltimore, MD 21203**

**Have you completed and signed:** A refund will be issued if requested information is not provided in a timely manner.

\_\_\_\_\_ SMW Vehicle Listing

\_\_\_\_\_ Annual Vehicle Inspection Certificates

Must have: Information identifying the vehicle that matches on the vehicle listing (Unit/Fleet No., Tag No., Vin No.)

Must be: legible; and within 1 year of the date the applications are signed

**PLEASE NOTE: YOUR CHECK MUST BE MAILED TO THE P.O. BOX ADDRESS ON THE PAYMENT FORM; THEY CANNOT BE FEDERAL EXPRESSED OR SENT OVERNIGHT USING U.S. MAIL.**