



DENTAL CLINIC AMALGAM RECOVERY PROGRAM

GENERAL PERMIT APPLICATION FORM

General Information

Dental clinic name: _____

Responsible dentist: _____

Address: _____

Clinic phone: _____

Email: _____

Alternate contact : List below the person responsible for the amalgam separator if different from the responsible dentist.

Name and Title: _____

Address: _____

Phone: _____

Email: _____

MDH X-Ray Registry ID: ____ - ____ (Format is XX-XXX or XX-XXXXX)

Please indicate how you would like the name (clinic or dentist) to appear on your Certificate of Compliance:

Do you operate other dental clinics in the seven-county metro area that are not registered with MCES?

____ Yes ____ No If yes, please attach information showing the clinic name(s) and address(es).

Dental Clinic Type (Check all that apply)

____ General Dentistry ____ Endodontic ____ Prosthodontic ____ Oral Radiology

____ Orthodontic ____ Periodontal ____ Oral Surgery ____ Oral Pathology

Dentist and Operatory Information

Operating days each week (circle): M T W Th F

Typical operating hours each day: _____

Number of full-time equivalent dentists: _____

Number of operatories for amalgam placements or removals: _____

Number of operatories for hygiene or other non-amalgam work: _____

Amalgam Separator Information

Separator manufacturer/distributor: _____

Model name and/or number: _____

Serial Number (main unit, not filter SN): _____

Date of installation: _____

Is the separator shared with other clinics? ☐ No ☐ Yes, Office name(s): _____

Waste Solids Handling (check and list below those responsible for handling waste amalgam and separator solids)

____ Clinic staff ____ Dental supply company ____ Other: _____

____ Contract company ____ Separator company

Carrier(s) shipping waste amalgam and separator solids: _____

Company receiving waste amalgam and separator solids: _____

The dental clinic is responsible for ensuring the proper handling of waste amalgam and separator solids and should receive confirmation that these waste solids are received at the proper destination.

Email completed form to: iwpp@metc.state.mn.us