

Date: [Insert Date]

To: To Whom It May Concern / Regulatory Authorities

Subject: Authorization for the Handling and Transport of Sharps and Biohazardous Waste

This letter serves as official authorization for [**Name of Employee/Contractor**], identification number [**ID Number**], to handle, collect, and transport medical sharps and associated biohazardous waste on behalf of [**Organization Name**].

The aforementioned individual has received the necessary training regarding:

- Safe handling and disposal procedures for needles, scalpels, and other sharps.
- Bloodborne Pathogens (BBP) safety protocols.
- Spill response and emergency containment procedures.
- State and local regulations for the transport of regulated medical waste.

Vehicle Information (if applicable):

Make/Model: [Insert Vehicle Details]

License Plate: [Insert Plate Number]

Transport Route/Destination:

From: [Origin Address]

To: [Authorized Disposal Site/Facility Name]

This authorization is valid from [**Start Date**] to [**End Date**]. In the event of an inspection or emergency, please contact the undersigned immediately.

Sincerely,

[Signature]

[Name of Authorizing Official]

[Title/Position]

[Organization Name]

[Phone Number]

[Email Address]