

# Duty of Care - Waste Transfer Note

Ref.

00002

## A Description of waste

Description of waste: PLASTIC Quantity: (e.g. weight, number of sacks) 1000 KILOContainment method:  bag  drum  skip  loose  other (please state) .....List of Wastes code(s): 17 02 03

## B Current holder of waste (Transferor)

(BLOCK CAPITALS)  
Full Name: ALAN SMITHCompany Name & Address: MY COMPANY1 OUR STREETANY TOWNANY COUNTYPostcode: AA1 1BBN/ASIC Code (2007): 22.21

Tick box(es) as appropriate

Are you  Local Authority?  Importer?  Producer?Name of your council/unitary authority: ANY TOWN MBCBy signing in section D below I confirm that I have fulfilled my duty to apply the waste hierarchy as required by Regulation 12 of the Waste (England and Wales) Regulations 2011  Yes  No Holder of an environmental permit

Permit No. ....

Issued by .....

 Registered waste exemption

Details (including number) .....

 Registered waste carrier/broker/dealer

Reg. No. ....

Details  carrier  broker  dealer

## C Collector/carrier of waste (Carrier)

(BLOCK CAPITALS)  
Full Name: IAN MOVEITCompany Name & Address: THIS COMPANYTHAT STREETTHAT TOWNSOME COUNTYPostcode: ZZZ 45DSAre you  Local Authority? Holder of an environmental permit

Permit No. ....

Issued by .....

 Registered waste exemption

Details (including number) .....

 Registered waste carrier/broker/dealer

Reg. No. ....

Details  carrier  broker  dealer

## D Transfer details

For multiple loads or regular pickup state date/time range

Address of place transfer: MY COMPANY, 1 OUR STREET, ANY TOWN. AA1 1BBDate(s) of transfer: 01/01/2012 Time of transfer: 09.30

### Current holder of waste (Transferor)

(BLOCK CAPITALS)  
Full Name: ALAN SMITHSignature: On behalf of: MY COMPANY

### Collector/carrier of waste (Carrier)

(BLOCK CAPITALS)  
Full Name: IAN MOVEITSignature: On behalf of: THIS COMPANY

## E Receiver/dispenser of waste (Transferee)

(BLOCK CAPITALS)  
Full Name: H. STEPTOECompany Name & Address: STEPTOE & SON LTD5 YOUR ROADYOUR TOWNANOTHER COUNTYPost Code: XZ3 9XYAre you  Local Authority? Holder of an environmental permit

Permit No. ....

Issued by .....

 Registered waste exemption

Details (including number) .....

 Registered waste carrier/broker/dealer

Reg. No. ....

Details  carrier  broker  dealer

## F Transfer details

For multiple loads or regular pickup state date/time range

Address of place transfer: STEPTOE & SON LTD. 5 YOUR ROAD, YOUR TOWNANOTHER COUNTY, XZ3 9XY Date(s) of transfer: 01/01/2012 Time of transfer: 11.00

### Collector/carrier of waste (Carrier)

(BLOCK CAPITALS)  
Full Name: IAN MOVEITSignature: On behalf of: THIS COMPANY

### Receiver/dispenser of waste (Transferee)

(BLOCK CAPITALS)  
Full Name: H. STEPTOESignature: On behalf of: STEPTOE & SON LTD

## G Broker details (if applicable)

Broker Registration Number:

Full Name: .....

Company Name & Address: N/A

Post Code: .....