

# Duty of Care - Waste Transfer Note

Ref. \_\_\_\_\_

## A Description of waste

Description of waste: \_\_\_\_\_ Quantity: (e.g. weight, number of sacks) \_\_\_\_\_

Containment method:  bag  drum  skip  loose  other (please state) \_\_\_\_\_

List of Wastes code(s): \_\_\_\_\_

## B Current holder of waste (Transferor)

(BLOCK CAPITALS)

Full Name: \_\_\_\_\_

Company Name & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

SIC Code (2007): \_\_\_\_\_

Are you  Local Authority?  Importer?  Producer?

Name of your council/unitary authority: \_\_\_\_\_

By 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

## C Collector/carrier of waste (Carrier)

(BLOCK CAPITALS)

Full Name: \_\_\_\_\_

Company Name & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Are you  Local Authority?

## D Transfer details

For multiple loads or regular pickup state date/time range

Address of place transfer: \_\_\_\_\_

Date(s) of transfer: \_\_\_\_\_ Time of transfer: \_\_\_\_\_

### Current holder of waste (Transferor)

(BLOCK CAPITALS)

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

On behalf of: \_\_\_\_\_

### Collector/carrier of waste (Carrier)

(BLOCK CAPITALS)

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

On behalf of: \_\_\_\_\_

## E Receiver/disposer of waste (Transferee)

(BLOCK CAPITALS)

Full Name: \_\_\_\_\_

Company Name & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_

Are you  Local Authority?

## F Transfer details

For multiple loads or regular pickup state date/time range

Address of place transfer: \_\_\_\_\_

Date(s) of transfer: \_\_\_\_\_ Time of transfer: \_\_\_\_\_

### Collector/carrier of waste (Carrier)

(BLOCK CAPITALS)

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

On behalf of: \_\_\_\_\_

### Receiver/disposer of waste (Transferee)

(BLOCK CAPITALS)

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

On behalf of: \_\_\_\_\_

## G Broker details (if applicable)

Broker Registration Number: \_\_\_\_\_

Full Name: \_\_\_\_\_

Company Name & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_