

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:

BRANDIA
HIGHWAYS DEPOSIT
A4200 BANBURY ROAD,
OXFORDSHIRE, OX15 0TS

SIC Code (2007): 42.11.0

Are you Local Authority? Importer? Producer?
Tick box(es) as appropriate

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:

CABLETON CONSTRUCTION LTD
NUMBER THREE, BURNING WOOD,
MIDDLEMARCH BUSINESS PARK,
COVENTRY, CV3 4PJ

Are you Local Authority?

<input type="checkbox"/> Holder of an environmental permit Permit No. Issued by	<input type="checkbox"/> Registered waste exemption Details (including number)
<input checked="" type="checkbox"/> Registered waste carrier/broker/dealer Reg. No. Details <input checked="" type="checkbox"/> carrier <input type="checkbox"/> broker <input type="checkbox"/> dealer	

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/dispenser of waste (Transferee)

(BLOCK CAPITALS)

Full Name:

Company Name & Address:

Post Code:

Are you Local Authority?

<input type="checkbox"/> Holder of an environmental permit Permit No. Issued by	<input type="checkbox"/> Registered waste exemption Details (including number)
<input type="checkbox"/> Registered waste carrier/broker/dealer Reg. No. Details <input type="checkbox"/> carrier <input type="checkbox"/> broker <input type="checkbox"/> dealer	

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/dispenser of waste (Transferee) (BLOCK CAPITALS) Full Name: Signature: On behalf of:
--