



Ref. No. _____

Duty of care: waste transfer note

Description of waste: Quantity: (e.g. weight, number of sacks)
Containment method: bag drum skip loose other (please state)
List of Waste Regulations code(s):

Current holder of waste (Transferor)
(BLOCK CAPITALS)
Full Name:
 Registered waste carrier/broker/dealer
Reg. No.
Details: carrier broker dealer
SIC Code: Producer
Council/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

Collector/receiver of waste (Transferee)
(BLOCK CAPITALS)
Full Name:
Company Name & Address:
Post Code:
Tick as appropriate 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

Address of place of transfer:
Date(s) of transfer: Time of transfer:

Current holder of waste (Transferor)
(BLOCK CAPITALS)
Full name:
Signature:
On behalf of:

Collector/receiver of waste (Transferee)
(BLOCK CAPITALS)
Full name:
Signature:
On behalf of:

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