

DUTY OF CARE: WASTE TRANSFER NOTE

REF:

DATE:

A Description of the waste

Description of waste:

Containment method: Skip ☐ Drums ☐ Sacks ☐ Loose ☐ Other

List of Wastes - (EWC) codes: Valid from: to:

B Current holder of the waste (Transferor)

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.

Full Name:

The waste described above is to be removed from (company name, address):

Postcode:

Premises code: SIC code:

Name of your local authority:

The transferor is: The Local Authority ☐
The Producer ☐ The Importer ☐ of the waste

Holder of an environmental permit? ☐

Permit No:

Issued by:

Registered waste exemption ☐

Details:
(incl. registration no.)

Registered waste carrier, broker or dealer?

Carrier ☐ Broker ☐ Dealer ☐

Registration No:

C Person collecting the waste (Transferee)

Full Name:

Company name and address:

Postcode:

The transferee is the local authority? ☐

Holder of an environmental permit? ☐

Permit No:

Issued by:

Registered waste exemption ☐

Details:
(incl. registration no.)

Registered waste carrier, broker or dealer?

Carrier ☐ Broker ☐ Dealer ☐

Registration No:

D The transfers

The waste described above is to be transferred to:

Postcode:

Broker or dealer who arranged the transfer (if applicable):

Postcode:

Broker Registration No.

Transferor's Signature:

Name:

On behalf of:

Transferee/Carrier's Signature:

Name:

On behalf of: