Duty of care: waste transfer note

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: ___________________________________________________________
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/receiver of waste (Transferee)

(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/receiver of waste (Transferee)

(Block CAPITALS)

Full name: ___________________________________________________________________
Signature: __________________________________________________________________________
On behalf of: _______________________________________________________________________

E Broker details (if applicable)

Full name: ___________________________________________________________________
Company name & address: ___________________________________________________________
Broker Registration Number: ________________________________________________________
Post Code: ___________________________