Ref. **Duty of Care - Waste Transfer Note** A Description of waste Quantity: (e.g. weight, number of sacks) Description of waste: Containment method: bag drum skip loose other (please state) List of Wastes code(s): **Current holder of waste (Transferor)** Holder of an environmental permit Permit No. Full Name: Issued by Company Name & Address: Registered waste exemption Details (including number) Registered waste carrier/broker/dealer Postcode: Reg. No. SIC Code (2007): ☐ broker dealer Tick hov(es) as annronriate **Details** carrier Local Authority? ☐ Importer? ☐ Producer? Are vou 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 Collector/carrier of waste (Carrier) Holder of an environmental permit (BLOCK CAPITALS) Permit No. Full Name: Issued by Company Name & Address: Registered waste exemption **Details** (including number) Registered waste carrier/broker/dealer Postcode: Reg. No. Are you Local Authority? carrier broker dealer Details For multiple loads or regular pickup state date/time range **Transfer details** Address of place transfer: Time of transfer: Date(s) of transfer: Walsall Current holder of waste (Transferor) Collector/carrier of waste (Carrier) Bloxwich Full Name: Full Name: Signature: Signature: Close On behalf of: On behalf of: Receiver/disposer of waste (Transferee) Holder of an environmental permit (BLOCK CAPITALS) Permit No. **Full Name:** Issued by WS3 Company Name & Address: Registered waste exemption **Details** (including number) ©2011 Registered waste carrier/broker/dealer **Post Code:** Reg. No. broker carrier Are you Local Authority? Details dealer 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) Receiver/disposer of waste (Transferee) (BLOCK CAPITALS) Full Name: Full Name: Signature: Signature: On behalf of: On behalf of: **G** Broker details (if applicable) **Broker Registration Number: Full Name:** Company Name & Address:

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Post Code: