

Duty of care: waste transfer note

Ref. No.

00002

A Description of waste

Description of waste: PLASTIC Quantity: (e.g. weight, number of sacks) 1000 KILO
Containment method: bag drum skip loose other (please state)
LoW - (EWC) codes: 17 02 03

B Current holder of waste (Transferor)

(BLOCK CAPITALS)
Full Name: ALAN SMITH
Company Name & Address: MY COMPANY
1 OUR STREET
ANYTOWN
ANY COUNTY Post Code: AA1 1BB
Premises Code: N/A SIC Code: 22.21
Tick box(es) as appropriate
 Local Authority Importer Producer

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

Name of your council/authority: ANY TOWN MBC

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: H. STEPTOE
Company Name & Address: STEPTOE & SON LTD
5 YOUR ROAD
YOUR TOWN
ANOTHER COUNTY Post Code: XZ3 9XY
Tick box(es) 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. CD/AB1234/ZZ
Details carrier broker dealer

D Transfer details

For multiple loads or regular pickup state date/time range

Address of place transfer: MY COMPANY, THAT STREET, THAT TOWN. AA1 1BB

Date(s) of transfer: 01/01/2012 Time of transfer: 09.30

Current holder of waste (Transferor)

(BLOCK CAPITALS)
Full name: ALAN SMITH
Signature: [Signature]
On behalf of: MY COMPANY

Collector/receiver of waste (Transferee)

(BLOCK CAPITALS)
Full name: H. STEPTOE
Signature: [Signature]
On behalf of: STEPTOE & SON LTD

E Broker details (if applicable)

Broker Registration Number:

Full name:

Company name & address: N/A

Post Code: