

Duty of Care - Waste Transfer Note

Ref.

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

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/carrier of waste (Carrier)

(BLOCK CAPITALS)
Full Name: IAN MOVEIT
Company Name & Address: THIS COMPANY
THAT STREET
THAT TOWN
SOME COUNTY Post Code: ZZ2 4SDS

Authorised for transport

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


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: 
On behalf of: MY COMPANY

Collector/carrier of waste (Carrier)

(BLOCK CAPITALS)
Full Name: IAN MOVEIT
Signature: 
On behalf of: THIS COMPANY

E Receiver/disposer 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.


Details carrier broker dealer 10.00

F Transfer details


For multiple loads or regular pickup state date/time range

Address of place transfer: STEPTOE & SON LTD. 5 YOUR ROAD, YOUR TOWN
ANOTHER COUNTY, XZ3 9XY Date(s) of transfer: 01/01/2012 Time of transfer:

Collector/carrier of waste (Carrier)

(BLOCK CAPITALS)
Full Name: IAN MOVEIT
Signature: 
On behalf of: THIS COMPANY

Receiver/disposer of waste (Transferee)

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

G Broker details (if applicable)

Broker Registration Number:

Full Name:

Company Name & Address: N/A

Post Code: