

Duty of Care: Controlled Waste Transfer Note

Section A – Description of Waste

1. Please describe the waste being transferred:.....

2. How is the waste contained?

Loose Sacks Skip Drum Other ▶

3. What is the quantity of waste? (Number of sacks, weight etc):

Section B – Current holder of the waste (Transferor)

1. Full name and address: (BLOCK CAPITALS):.....

2. Name and address of company (if applicable):.....

3. Which of the following are you? (Please ✓ one or more boxes)

Producer of the waste <input type="checkbox"/>	Holder of waste disposal or Waste management licence <input type="checkbox"/>	Licence number:
		Issued By:.....
Importer of the waste <input type="checkbox"/>	Exempt from requirement to Have a waste disposal or Waste Management licence <input type="checkbox"/>	Give reason: <input type="text"/>
Waste collection authority <input type="checkbox"/>	Registered waste carrier <input type="checkbox"/>	Registration number:
		Issued by:

Section C – Person collecting the waste (Transferee)

1. Full Name (BLOCK CAPITALS):

2. Name and address of Company:

3. Which of the following are you? (Please ✓ one or more boxes)

	Authorised for transport purposes <input type="checkbox"/>	Specify which of those purposes: <input type="text"/>
Waste collection authority <input type="checkbox"/>	Holder of waste disposal or Waste management licence <input type="checkbox"/>	Licence number:
		Issued by:
	Registered waste carrier <input type="checkbox"/>	Registration number:
		Issued by:
	Exempt from Requirement to register <input type="checkbox"/>	Give reason: <input type="text"/>

Section D

1. Address of place of transfer/collection point:

2. Date of transfer:

3. Time(s) of transfer (for multiple consignments, give 'between' dates):

3. Name and address of broker who arranged this waste transfer (if applicable):

4. Transferor Signature:	Transferee Signature
Full name (BLOCK CAPITALS):	Full name (BLOCK CAPITALS):
Representing	Representing: