## YOUR LOGO HERE

## **Business Name**

1 Waste Lane, Wasteville, W8 STE

DUTY OF CARE WASTE TRANSFER NOTE

t. 00000 000000

e. info@yourwebaddress.co.uk www.yourwebaddress.co.uk

0001

#### Section A - Description of waste A1 Description of the waste being transferred A2 How is the waste contained? ☐ Sacks ☐ Skip ☐ Drum List of Waste Regulations code(s) A3 How much waste? For example, number of sacks, weight Section B - Current holder of the waste - Transferor 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 **B1** Full name B3 Are you: The producer of the waste? Company name and address The importer of the waste? The local authority? The holder of an environmental permit? Permit number Issued by Registered waste exemption? Details, including registration number B2 Name of your unitary authority or council A registered waste carrier, broker or dealer? Registration number Details (are you a carrier, broker or dealer?) Section C - Person collecting the waste - Transferee C1 Full name The holder of an environmental permit? Company name and address Permit number \_ Issued by Registered waste exemption? Details, including registration number A registered waste carrier, broker or dealer? Postcode Registration number \_ C2 Are you: Details (are you a carrier, broker or dealer?) The local authority? Section D - The transfer D1 Address of transfer or collection point D2 Broker or dealer who arranged this transfer (if applicable) Postcode ∟ Postcode ∟ Registration number L Date of transfer (DD/MM/YYYY) Time(s) ∟ Transferor's signature Transferee's signature Name Representing L Representing L

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## **Business Name**

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# THE HAZARDOUS WASTE REGULATIONS 2005 CONSIGNMENT NOTE

0001

PART A Notifica	tion detai	ls														
1 Consignment note code: /									3 The	e waste will be taken to (name, address and postcode):						
2 The waste describe postcode, telephoral				d from	(name,	addre	ss,									
												s (if differer		(name, add	dress,	
									pos	stcode, t	elephone, (	e-mail, facsi	mile):			
PART B Descript	tion of the	wast	0									If o	antinuatio	an chaot ve	sed, tick here	
1 The process givin								2	SIC (2007	) for the	nrocess giv	ing rise to th			/	
3 WASTE DETAILS (					s collec	ted al	l of the				• 10 10 10 10 10 10 10 10 10 10 10 10 10		- 4		d)	
Description of waste		wastes			Quantity	The chemical/biological com						Container				
		(EWC code)(6 digits)			(kg)	(Kg)					entration powder, sludge		code(s)	type, number and size		
				П						(% or	mg/kg)	or mixed)				
		+														
The information give	en below is	to be co	omplet	ed for ea	ach EW	C iden	tified									
EWC code UN ide		entification er(s)		Proper shipping name			(s) UN class(es)			ss(es)				pecial handling		
	Trains en									$\overline{}$	7					
						1										
PART C Carrier's	certificat	te									PART D	Consigno	r's certi	ificate		
(If more than one carrier is used, please attach schedule for subsequent carriers. If schedule of carriers is attached tick here.										dule of	I certify that the information in A, B and C has been completed and is correct, that the carrier is registered or					
certify that I today	collected th							A3 and	d B3 are		exempt and was advised of the appropriate precautionary measures. All of the waste is packaged and labelled					
correct and I have been advised of any specific handling requirements.  Where this note comprises part of a multiple collection the round number and collection number are										her are	correctly and the carrier has been advised of any special handling requirements.					
/										I confirm that I have fulfilled my duty to apply the waste hierarchy as required by Regulation 12 of the Waste						
1 Carrier name:										(England and Wales) Regulations 2011.						
On behalf of (name, address, postcode, telephone, e-mail, facsimile):										Consignor name:     On behalf of (name, address, postcode, telephone, e-mail,						
Carrier registration no./reason for exemption:											facsimile):					
					J\											
3 Vehicle registration no. (or mode of transport, if not road):																
Signature Date Date	Y Y Time H H M M									Signature  Date D D M M Y Y Y Y Time H H M						
PART E Consign		ficate	102/00/20	more th	an one	waste	type is	collec	ted all of t	he inforn						
Individual EWC code(s) received	of each EWC code received (kg)					EWC code accepted/rejected			rejected	Waste management operation (R or D code)						
Toucis, received								+	acceptedy	rejected						
								+								
1   received this wa	ste at the a	ddress	given iı	n A3 on:	Date	e D	D M	MY	YYY	Tim	ie H H	VI M				
2 Vehicle registration											Name:					
Where waste is rejected please provide details:										On behalf of (name, address, postcode, telephone, e-mail, facsimile):						
e.e Music is it	, seed pied	- C P10V														
I certify that waste p	ermit/exem	pt wast	te oper	ation nu	mber:											
authorises the mana given in A3.	agement of t	the was	te desc	ribed ir	B at th	ne add	lress	_			Signature					
Where the consignm						_		_								
as identified in Part C, I certify that the total number of consignments forming the collection are:								Date D D M M Y Y Y Y Time H H M N								