

# Duty of care: waste transfer note

Keep this page and copy it for future use. Please write as clearly as possible.

## Section A – Description of waste

A1 Description of the waste being transferred

\_\_\_\_\_  
\_\_\_\_\_

List of Waste Regulations code(s)

\_\_\_\_\_

A2 How is the waste contained?

Loose  Sacks  Skip  Drum   
Other  \_\_\_\_\_

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

\_\_\_\_\_

Company name and address

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_ SIC code (2007) \_\_\_\_\_

B2 Name of your unitary authority or council

\_\_\_\_\_

B3 Are you:

The producer of the waste?

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

\_\_\_\_\_

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

\_\_\_\_\_

Company name and address

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

C2 Are you:

The local authority?

C3 Are you:

The holder of an environmental permit?

Permit number \_\_\_\_\_

Issued by \_\_\_\_\_

Registered waste exemption?

Details, including registration number

\_\_\_\_\_

A registered waste carrier, broker or dealer?

Registration number \_\_\_\_\_

Details (are you a carrier, broker or dealer?)

\_\_\_\_\_

## Section D – The transfer

D1 Address of transfer or collection point

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Date of transfer (DD/MM/YYYY) \_\_\_\_\_

D2 Broker or dealer who arranged this transfer (if applicable)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Registration number \_\_\_\_\_

Time(s) \_\_\_\_\_

Transferor's signature

\_\_\_\_\_

Name \_\_\_\_\_

Representing \_\_\_\_\_

Transferee's signature

\_\_\_\_\_

Name \_\_\_\_\_

Representing \_\_\_\_\_