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**LOAD DECLARATION FORM**

**Date:** Click or tap to enter a date.

**Company/Business name:** Click or tap here to enter text.

**Contact Number:** Click or tap here to enter text.

**Truck Rego:** Click or tap here to enter text.

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Please tick appropriate boxes & describe your load type

[ ]  My load DOES NOT contain any HAZARDOUS waste

[ ]  My load is clean and has one type of waste only

 Waste type: Click or tap here to enter text.

[ ]  My load contains mixed waste

 Waste types: Click or tap here to enter text.

[ ]  I am not sure what waste types are in my load

***You MUST not leave the Resource Recovery Area until your load is inspected, and waste types have been identified.***

**Name of Driver:**

**Signature of Driver:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note: *Providing false or misleading information on this form will incur a penalty for sorting or transfer of residual non-declared waste.*