

## Duty of Care Controlled Waste Transfer Note

(This is just an example of a transfer Note which you may use or adapt for your specific needs providing the same relevant information is contained)

### Section A – Description of the Waste

Please describe the type of waste below: (e.g. "Plastic bale wrap")

Please give the six figure European Waste Catalogue Code (EWC code) for the waste below: (information on EWC codes can be found at [http://europa.eu.int/eur-lex/en/consleg/pdf/2000/en\\_2000D0532\\_do\\_001.pdf](http://europa.eu.int/eur-lex/en/consleg/pdf/2000/en_2000D0532_do_001.pdf) )

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Total quantity of waste to be collected: (e.g. number of sacks, weight)

### Section B – Waste Producer (your name and address)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

### Section C – Person or company Collecting the Waste

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Signature on behalf of person or

company collecting waste: \_\_\_\_\_

### Which of the following is the person or company collecting the waste? (Please tick appropriate box)

Local Authority	<input type="checkbox"/>		
Holder of a waste management licence or permit	<input type="checkbox"/>	Licence or permit number:	
	<input type="checkbox"/>	Issued by:	
Exempt from requirement to have a waste management licence or permit	<input type="checkbox"/>	Give reason: (e.g. exemption registration number)	
Registered waste carrier	<input type="checkbox"/>	Registration number:	
Exempt from requirement to register as a waste carrier	<input type="checkbox"/>	Give reason: (e.g. only carry agricultural waste)	

### Section D

Address of place of transfer / collection point::

Date of transfer		Time of transfer	
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Name and address of broker who arranged transfer (if applicable):