

DUTY OF CARE – WASTE TRANSFER NOTE

Section A - Description of Waste

1. Please describe the waste being transferred: _____

2. How is the waste contained? (please circle)

Loose Skip Sacks Drum Other (please describe): _____

3. European Waste Catalogue Code: _____

Section B - Producer of the Waste

1. Full Name (BLOCK CAPITALS): _____

2. Name and Address of Company: _____

3. Which of the following are you? Producer of the waste
Registered Waste Carrier
Both of the above

Section C - Transporter of the Waste

1. Full Name (BLOCK CAPITALS): _____

2. Name and Address of Company: _____

3. Waste Carriers No: _____ Issued By: _____

Expiry Date: _____ 4. Vehicle Reg: _____

Section D - Final Destination of Waste

1. Address of Disposal Site: _____

2. Date of Transfer _____

3: Signature _____ Signature _____

4. Representing _____ Representing _____
(Transferor of waste) (Receiver of Waste)
