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)

	Televant Informa		ameu)		
Section A – Description of the W	aste			_	
Please describe the type of waste be	low: (e.g. "Plastic ba	ale wrap)			
Please give the six figure European V	Vaste Catalogue Co	de (EWC c	ode) for the	waste below: (in	nformation on EWC codes
can be found at http://www.sepa.org.	uk/waste/waste_regr	ulation/idoo	.ashx?docio	d=6694b6cd-189	<u> 90-4b78-b20e-</u>
9d1d07207fac&version=-1)			· · · · · · · · · · · · · · · · · · ·		
Total quantity of waste to be collected	d: (e.g. number of sa	acks, weigh	t)		
Section B – Waste Producer (yo	ur name and add	ress)			
Name:					
Address:					
Postcode:					
Telephone:					
Email:					
Signature:					
Section C – Person or company	Collecting the W	acto			
Name:	Collecting the Wa	a310			
Address:					
Postcode:					
Telephone:					
Email:					
Name:					
Signature on behalf of person or					
company collecting waste:					
Which of the following is the new		oollootin	a the weet	a) (Diagon tir	k annranriata hay)
Which of the following is the per Registered waste carrier	son or company		gistration n		
			9		
Local Authority, Charity or other orga	nisation	Re	gistration n	umber:	
registered as a Professional Carrier a			•		
of Waste					
Note: If exempt from the requirement and Transporter of Waste, for more in	•	te camer, t	nen you sho	buid be registere	a as a Professional Camer
http://www.sepa.org.uk/waste/waste		arriers_and	brokers/wh	no needs to reg	<u>jister.aspx</u>
Holder of a waste management licent	ce or permit			mit number:	
Exempt from requirement to have a v	vaste		ued by: <i>r</i> e reason: (e a	
management licence or permit			e reason. (
-			mber)		
Section D		- 1			
Address of place of transfer	/ collection poil	nt::			

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