



DUTY OF CARE - CONTROLLED WASTE TRANSFER NOTE

SECTION A - DESCRIPTION OF WASTE

1) Waste being transferred (Please Tick ✓)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waste Amalgam	Spent Amalgam Capsules	Photographic Developer	Photographic Fixer	X-ray Lead Foils	Expired Batteries	Other - Please Specify
Weight _____	Weight _____	Volume _____	Volume _____	Weight _____	Weight _____	_____
How Contained _____	How Contained _____	How Contained _____	How Contained _____	How Contained _____	How Contained _____	_____
Compliant Container _____	Compliant Container _____	Compliant Container _____	Compliant Container _____	Compliant Container _____	Compliant Container _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other*	Other*	Other*	Other*	Other*	Other*	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Please Describe*

SECTION B - CURRENT HOLDER OF THE WASTE

1) Full Name (BLOCK LETTERS) _____

2) Name & Address of Company: _____

3) Which of the following are you? (Please ✓ one or more boxes)

Producer of the waste	<input checked="" type="checkbox"/>	Holder of waste disposal or waste management licence	<input type="checkbox"/>	Licence number: Issued by:
Importer of the waste	<input type="checkbox"/>	Registered waste carrier	<input type="checkbox"/>	Registration number: Issued by:

SECTION C - PERSON COLLECTING THE WASTE

1) PO Box 324,
 Stanmore
 Middlesex
 HA7 2XN

Tel: 020 8357 0357 Email: info@easyrefine.com

2) Which of the following are you? (Please ✓ one or more boxes)

Exporter	<input type="checkbox"/>	Holder of waste disposal or waste management licence	<input type="checkbox"/>	Licence number: Issued by:
		Registered waste carrier	<input checked="" type="checkbox"/>	Registration number: CB/GM3045TN Issued by: ENVIRONMENT AGENCY

SECTION D

1) Address of place of transfer/collection point: _____

2) Date of transfer: _____

3) Time(s) of transfer (for multiple consignments give 'between dates'): _____

4) Name and address of broker who arranged this waste transfer (if applicable): _____

5) Signed: _____ Signed: _____

Full Name: _____ Full Name: _____
 (BLOCK CAPITALS) (BLOCK CAPITALS)

Representing: **EASYREFINE** Representing: _____