

**Duty of Care Waste Transfer Note**  
(In accordance with Section 34 of the Environmental Protection Act 1990)

THIS IS A LEGAL DOCUMENT AND MUST BE KEPT FOR 2 YEARS

**CUSTOMER: PLEASE COMPLETE SECTIONS 1 TO 4 BELOW** (See notes):

<b>1. Producer/Current Holder of Waste</b>			
1.1 I am or my company is the waste: <input type="checkbox"/> Producer <input type="checkbox"/> Importer <input type="checkbox"/> Carrier <input type="checkbox"/> Broker			
1.2 Contact Name:	1.5 Telephone Number:		
1.3 Business Name: (As shown on invoice)	1.6 Address of collection (if different from business address):		
1.4 Business Address:			
1.7 (Please tick on box only)		1.8 Authorised signatory (Please sign and date):	
<input type="checkbox"/> Annual ticket/multiple collections: From: _____ To: 31 <sup>st</sup> March 20 _____		Signature: _____ Date: _____	
<input type="checkbox"/> Date and time of single collection/transfer: Date: _____ Time: _____		Position in Company:	
<b>2. Type of Business</b> (Please tick one box only)			
<input type="checkbox"/> Office <input type="checkbox"/> Restaurant/Café <input type="checkbox"/> Hotel/Hostel <input type="checkbox"/> Light Industry <input type="checkbox"/> Retail (Food) <input type="checkbox"/> Retail (non-food) <input type="checkbox"/> Educational <input type="checkbox"/> Financial <input type="checkbox"/> Service Industry <input type="checkbox"/> Health Care (Hospital/Clinic/Surgery) <input type="checkbox"/> Pub/Wine Bar/Club			
<input type="checkbox"/> Other (Please specify):			
<b>3. Type of Container(s) and Quantity</b> (Please tick <b>all</b> containers collected in period indicated in 1.7)			
Container	Number collected under this note/per week	Container	Number collected under this note/per week
<input type="checkbox"/> Blue Bag		<input type="checkbox"/> Bundle	
<b>4. Type/Description of Waste Collected</b> (European Waste Catalogue code in brackets)			
<input type="checkbox"/> Mixed Municipal Waste (20 03 01) but <b>excluding</b> hazardous or dangerous and ABPR controlled material <b>Or please specify other types of waste collected:</b>			
<input type="checkbox"/> Paper/Cardboard (20 01 01) <input type="checkbox"/> Metals(Cans/Tins) (20 01 40) <input type="checkbox"/> Food (20 01 08) but not if ABPR controlled <input type="checkbox"/> Cloth/Textiles (20 01 10 or 11) <input type="checkbox"/> Plastics (20 01 39) <input type="checkbox"/> Glass (20 01 02) <input type="checkbox"/> Markets (20 03 02)			
<input type="checkbox"/> Other (please describe and indicate EWC code):			
<b>FOR OFFICE USE ONLY</b>			
<b>5. Waste Carrier Details</b> (completed by KF)		<b>6. Disposal Facility Details</b> (by KF)	
Registered Carrier Name	Registered Carrier No:	Site Operator:	Site Licence No.
Kingstonfirst	TSE/389602/CB	Sita UK	BUL 033
Address: 3 <sup>rd</sup> Floor Neville House 55 Eden Street Kingston Surrey KT1 1BW	Issued By: Environmental Agency	Address: Unit 3 Chapel Mill Road Kingston Surrey KT1 3BE	Issued By: Environmental Agency
		Site Name: Villiers Road Depot	
Signed on behalf of carrier: Name: _____ Date: _____		Signed on behalf of Disposer: Name: _____ Date: _____	
Signature: _____		Signature: _____	