

Your Company Name,
Logo and Details Here

WASTE TRANSFER

No.

Carrier Name:

Carrier Address:

SECTION A: DESCRIPTION OF WASTE

1. Please describe the waste being transferred, including where and how it was produced:

2. How is the waste contained? ☐ Loose ☐ Sacks ☐ Skip ☐ Drum ☐ Other

If other, please give full description:

3. What is the quantity of the waste? Number of units Weight

4. Name & Address of the Waste Location:

5. Analysis of the waste:

SECTION B: CURRENT HOLDER OF THE WASTE

1: Full Name: 2: Company Name:

3: Company Address:

4: Which of the following are you?

Producer of the waste ☐ Registered Waste Carrier ☐ Registration No.

SECTION C: DISPOSER OF THE WASTE

1: Address of place of transfer acceptance point:

2: Date of transfer: 3: Time(s) of transfer:

SIGNED: FULL NAME:

SIGNATURE

Signed:

Date: