DUTY OF CARE: WASTE TRANSFER NOTE Valid from 01/05/2024 to 30/04/2025

You are required under Section 34 of the Environmental Protection Act 1990 to complete and retain one copy of this Annual Waste Transfer Note for a minimum of 2 years.

Please write as clearly as possible. Tick the necessary boxes as required for the service to commence.

дррения і
RUGBY

Section A – Description of waste	A2 How is the waste contained?
A1 Description of the waste being transferred	Loose ☐ Sacks ☐ Wheelie bins ☐ Bulk container ☐
MIXED DRY RECYCLING & GLASS Customer Number: WSU-B13	Other
List of Waste Regulations code(s) 20.01.03	A3 How much waste? For example, number of sacks, weight
Section B – Current holder of the waste – Transferor	
B1 Full name	B3 Are you:
1	The producer of the waste?
Company name and address	The importer of the waste?
	The local authority?
	The holder of an environmental permit?
	Permit number
	Issued by
2011	Registered waste exemption?
Postcode SIC code (2007) <u>3811</u>	Details, including registration number
B2 Name of your unitary authority or council	
	A registered waste carrier, broker or dealer?
	Registration number
	Details (are you a carrier, broker or dealer?)
Section C – Person collecting the waste – Transferee	
C1 Full name	C3 Are you:
RUGBY BOROUGH COUNCIL	The holder of an environmental permit?
Company name and address	Permit number PCD/QP3294LU
WORKS SERVICES UNIT	Issued by Environment Agency
94 NEWBOLD ROAD	Registered waste exemption?
RUGBY	Details, including registration number
WARWICKSHIRE	
Postcode CV21 1DH	A registered waste carrier, broker or dealer? $\ \ $
	Registration number CBDL59858
C2 Are you: The local authority?	Details (are you a carrier, broker or dealer?)
The local authority?	CARRIER (Local Authority)
Section D – The transfer	
D1 Address of transfer or collection point	D2 Broker or dealer who arranged this transfer (if applicable)
WORK SERVICES UNIT, RUGBY BOROUGH COUNCIL	
94 NEWBOLD ROAD	
RUGBY	
Postcode CV21 1DH	Postcode L
Date of transfer (DD/MM/YYYY) Until 30.04.2025	Registration number
Date of transfer (DD/WW//1111)	Time(s)
Section E - Signatures I confirm that I have fulfilled my dut	ty to apply the waste hierarchy as required Tick to confirm
by Regulation 12 of the Waste (Eng	Transferee's signature
Name	Name CLAIRE PRESTON
Representing	Representing RUGBY BOROUGH COUNCIL

April 2024 Page 1 of 1