PLEASE PRINT THIS APPLICATION, COMPLETE BY HAND, SCAN IN AND RETURN BY EMAIL TO trafficteam@dorsetcouncil.gov.uk

PART 7

Use only if waste is being removed from site

FORM SWL7

DUTY OF CARE: CONTROLLED WASTE TRANSFER NOTE

SECTION A – Description of Waste				
1.	Please describe the waste being transferred:			
	Loose Sacks	Skip □ Drum □ Other → please describe		
2.	How is the waste contained?	describe		
3.	3. What is the quantity of waste (number of sacks, weight etc.):			
SE	SECTION B – Current holder of the Waste			
1.	Full Name (BLOCK CAPITALS):			
2.	Name and address of Company:			
3.	. Which of the following are you: (Please ✓ one or more boxes)			
	producer of the waste	holder of waste disposal waste management licence Licence number: Issued by:		
	importer of the waste	Exempt from requirement to Give reason: have a waste disposal or waste management licence		
	waste collection authority	Registered waste carrier Registration No: Issued by:		
		exempt from requirement Give reason: to register		
SECTION C – Person collecting the waste				
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1.	Full Name (BLOCK CAPITALS):			
2.	Name and address of Company:			
3.	Which of the following are you? (Please ✓ one or more boxes)			
	waste collection authority	holder of waste disposal waste management licence Licence number: Issued by:		
	importer of the waste	Exempt from requirement to Give reason: have a waste disposal or waste management licence		
	Exporter	Registered waste carrier Registration No: Issued by:		
		exempt from requirement Give reason: to register		
SE	ECTION D		\neg	
1.	. Address of place or transfer/collection point:			
2.	Date of transfer:			
3.	3.	Time(s) of transfer (for multiple consignments, give 'between' dates):		
4.	Name & address of broker who arranged this waste transfer (if applicable):			
5.	Signed: Full Name: (BLOCK CAPITALS) Representing:	Signed: Full Name: (BLOCK CAPITALS) Representing:		