

**HAZARDOUS WASTE REGULATIONS 2005  
CONSIGNMENT NOTE**

<b>Part A NOTIFICATION DETAILS</b>		<b>3 Premises code:</b> <input type="text"/>
<b>1 Consignment note code:</b> <input type="text"/> / <input type="text"/> <b>40001</b> <input type="text"/>		<b>4 The waste will be taken to (name, address and postcode):</b> Kingsnorth Industrial Estate, Rochester, Kent ME3 9ND
<b>2 The waste described below is to be removed from:</b> _____ _____ _____ Postcode _____ Tel No. _____		<b>5 Details of waste producer (if different from 2)</b> _____

<b>Part B DESCRIPTION OF THE WASTE</b>																			
<b>Process giving rise to waste</b>						<b>SIC code</b>		<b>x</b>		<b>Other process type (specify)</b>			<b>SIC code</b>		<b>x</b>				
Maintenance & repair of motor vehicles						45.20													
<b>WASTE DETAILS</b> Assume weight of all liquid wastes as 1 Ltr = 1 Kg																			
<b>EWC Code</b>		<b>Waste Type</b>		<b>Qty (kg)</b>		<b>Chemical / Biological conc. of waste</b>		<b>Physical Form</b>		<b>Hazard Code or UN CLS</b>		<b>Container type &amp; size</b>		<b>Packing group</b>		<b>UN No.</b>		<b>Proper Shipping Name (Use EWC description if no applicable PSN)</b>	
						<b>Comp. % conc.</b>													
1 3 0 2 0 5		Used mineral oils				Mineral oil > 1%		Liquid		HP7, HP14		Bulk road Tanker		N/A		N/A		Mineral based non-chlorinated engine, gear and lubricating oils	

<b>Part C CARRIER'S CERTIFICATE</b>		<b>1 Carrier's Name</b> _____ <b>on behalf of</b>	
I certify that today I collected this consignment and the details in parts A2, A4 and part B above are correct and I have been advised of the specific handling requirements of this waste.  Where this note comprises part of a multiple collection the round number and collection number are: _____ _____ / _____		J Vant Ltd, Kingsnorth Ind Est, Rochester, Kent ME3 9ND	
		<b>2 Carrier's Registration</b> CB/XM3382CA	
		<b>3 Vehicle Registration Mark</b> _____	
		<b>4 Signed</b> _____	
		<b>5 Date</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>Time</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

<b>Part D CONSIGNOR'S CERTIFICATE</b>		<b>Name</b> _____	
I certify that the information in parts A, B and C above are correct, that the Carrier is registered and was advised of the precautionary measures. The waste is packaged and labelled correctly and the Carrier has been advised of any special handling requirements. I confirm that I have fulfilled my duty to apply the waste hierarchy as required by Regulation 12 of the Waste (England and Wales) Regulations 2011.		(on behalf of named in part A2 above)	
		<b>Signed</b> _____	
		<b>Date</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>Time</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

<b>Part E CONSIGNEE'S CERTIFICATE</b>			
<b>DETAILS OF WASTE RECEIVED</b> (Table below must be completed for every waste type received).			
<b>Individual EWC code received</b>		<b>Quantity of each EWC code received (kg)</b>	
1 3 0 2 0 5			
		<b>Accepted / Rejected (specify)</b>	
		<b>Waste Management operation R or D code</b>	
<b>1 I received the above waste at the address detailed in part A4 above on:</b> Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Time <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Where the consignment forms part of a multiple collection, as identified in Part C, I certify that the total number of consignments forming the collection are: <input type="text"/>  I certify that the waste management license of the receiving facility (site code at A4 above) authorises the management of the waste described in Part B above.	
<b>2 Vehicle Registration Mark</b> _____			
<b>3 If rejected give details here:</b> _____ _____ _____		<b>Name</b> _____	
		<b>Signed</b> _____	
<b>I certify that waste permit/exempt waste operation number:</b> <input type="text"/>		<b>on behalf of</b> _____	
		<b>Date</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>Time</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	