



OF CARE
WASTE TRANSFER NOTE / DUTY 93VU
Permit : EPR/MP3135DF Permit : EPR/MP354
Waste Carrier No : CBDU45

(V2)

Delivery Ticket No. 352441

Collection Date: 2/10/25	Delivery Date: 2/10/25	Drivers Name: T. PARKER
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From: IMMER BUSINESS PARK ACORNFIELD RD	Deliver to: T.P	
POC:	Stockpile:	
Product: SPILL	EWC:	
Gross Weight:	Tare Weight:	Net Weight: 1X8LW
Notes:		
Vehicle: DC201410	Trailer No:	

Producer of the Waste:- Goods Collected in Good Order and Condition

Signature: [Signature]	Print Name: S. BELL	Date:
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Transfer Station:- Goods Received in Good Order and Condition

Signature:	Print Name:	Date:
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I certify that the "Waste Hierarchy" has been applied as required by Regulation 12 of the Waste (England and Wales) Regulations 2011.



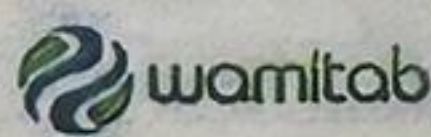
ISO 9001
QUALITY MANAGEMENT



ISO 14001
ENVIRONMENTAL MANAGEMENT



ISO 45001
HEALTH & SAFETY MANAGEMENT



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