



**PRODUCER DECLARATION FORM**  
 Please complete and fax back to 01484 534976

Quote Reference: \_\_\_\_\_

**Section A – General Information**

Name and Address of Company (state if broker)		Name and Address of Producer (if different)	
		Premises Code:	
		Name and Address of Haulier (if different)	
Tel:		Fax:	
Contact Name:			
Email:			
Carrier Reg No:		Carrier Reg No:	

<b>General Description of Waste:</b>			
<b>Process from which waste arises including SIC Code:</b>			
<b>Quantity:</b>		<b>Frequency:</b>	
<b>Disposal Site (if known):</b>			
<b>The Waste is:</b>	Non-Hazardous / Hazardous	(delete as applicable)	
<b>Physical Nature:</b>	Solid / Sludge / Powder	(delete as applicable)	
<b>Odour:</b>			

<b>Relevant Chemical Components and Concentrations:</b>			
Answer <b>Yes</b> or <b>No</b> in the columns below, if yes please specify including <b>concentrations</b> .			
<b>Components</b>	<b>Yes</b>	<b>No</b>	<b>Details</b>
Toxic Metals	<input type="checkbox"/>	<input type="checkbox"/>	
Oils	<input type="checkbox"/>	<input type="checkbox"/>	
Solvents	<input type="checkbox"/>	<input type="checkbox"/>	
Halogenated Solvents	<input type="checkbox"/>	<input type="checkbox"/>	
PCB / Dioxins	<input type="checkbox"/>	<input type="checkbox"/>	
Phenols	<input type="checkbox"/>	<input type="checkbox"/>	
Cyanide / Isocyanates	<input type="checkbox"/>	<input type="checkbox"/>	
Biocides	<input type="checkbox"/>	<input type="checkbox"/>	
Oxidising Agents	<input type="checkbox"/>	<input type="checkbox"/>	
Radioactive Materials	<input type="checkbox"/>	<input type="checkbox"/>	
Liquids	<input type="checkbox"/>	<input type="checkbox"/>	
Explosives	<input type="checkbox"/>	<input type="checkbox"/>	
Corrosive Materials	<input type="checkbox"/>	<input type="checkbox"/>	
Flammable Materials	<input type="checkbox"/>	<input type="checkbox"/>	
Hospital / Clinical Waste	<input type="checkbox"/>	<input type="checkbox"/>	
R&D Laboratory Waste	<input type="checkbox"/>	<input type="checkbox"/>	
Whole Tyres	<input type="checkbox"/>	<input type="checkbox"/>	
Asbestos	<input type="checkbox"/>	<input type="checkbox"/>	
Wood / Plastics	<input type="checkbox"/>	<input type="checkbox"/>	



**Section B – Requirements under the Landfill Directive**

EWC Code:		Hazard Codes:	
Does the waste require treatment under article 6(a) of the Landfill Directive?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If <b>No</b> , please provide reason for exemption			
If <b>Yes</b> , please provide details of treatment in place to meet the requirements of the Environment Agency Guidance on the waste treatment requirements of article 6(a) of the Landfill Directive.			
Have you applied the Waste Hierarchy to this waste as per The Waste Regulations 2011 (England and Wales)			
1. Prevention of Waste	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2. Preparing for Re-Use	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3. Recycling	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
4. Recovery	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5. Disposal	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Sampling Plan:			
1. Has the sample been taken using an approved method or plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2. Has the sample been taken by a trained person	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
(if possible, please provide details of 1 and 2)			

**DECLARATION:**

I / We certify that the above information and any enclosures are correct in every respect. By signing this declaration you confirm that the waste meets the relevant waste acceptance criteria (inc. organic content) of the Annex to Council Decision 2003/33/EC.

Customer Signed:		Name:		Date:	
Producer Signed:		Name:		Date:	
Haulier Signed:		Name:		Date:	

BPWML Use:	EWC Code	Yes	No
Signed:	Banned	Yes	No
	Treated	Yes	No
	Accept	Yes	No
Name:	Date:		