

**INFORMATION ACCOMPANYING SHIPMENTS OF WASTE
AS REFERRED TO IN ARTICLE 3(2) AND (4)**

CONSIGNMENT INFORMATION (1)

1. Person who arranges the shipment: Name: Address: Contact person: Tel.: Fax: E-Mail:		2. Importeur / Consignee: Name: Address: Contact person: Tel.: Fax: E-Mail:							
3. Actual quantity: Tonnes (Mg): m ³ :		4. Actual date of shipment:							
5.(a) First Carrier (2) Name: Address: Contact person: Tel.: Fax: E-Mail: Means of transport: Date of transfer: Signature:		5.(b): Second Carrier Name: Address: Contact person: Tel.: Fax: E-Mail: Means of transport: Date of transfer: Signature:							
5.(c): 3. Third Carrier Name: Address: Contact person: Tel.: Fax: E-Mail: Means of transport: Date of transfer: Signature:									
6. Waste generator (3) Original producer(s), new producer(s) or collector: Name: Address: Contact person: Tel.: Fax: E-Mail:		8. Recovery operation (or if appropriate disposal operation in case of waste referred to in Article 3(4)): R-code / D-code :							
7. Recovery facility <input type="checkbox"/> Laboratory <input type="checkbox"/> Name: Address: Contact person: Tel.: Fax: E-Mail:		9. Usual description of the waste:							
10. Waste identification (fill in relevant codes): i) Basel Annex IX : ii) OECD (if different from (i)): iii) EU list of wastes: iv) National code:									
11. Countries / State(s) concerned: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 33%;">Export / Dispatch</th> <th style="width: 33%;">Transit</th> <th style="width: 33%;">Import / Destination</th> </tr> </thead> <tbody> <tr> <td>.....</td> <td>.....</td> <td>.....</td> </tr> </tbody> </table>				Export / Dispatch	Transit	Import / Destination
Export / Dispatch	Transit	Import / Destination							
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12. Declaration of the person who arranges the shipment: I certify that the above information is complete and correct to my best knowledge. I also certify that legally-binding written contractual obligations have been entered into with the consignee <i>(not required in case of waste referred to in Article 3(4))</i> : Name: Date: Signature:									
13. Signature upon receipt of the waste by the consignee: Name: Date: Signature:									
TO BE COMPLETED BY THE RECOVERY FACILITY OR BY THE LABORATORY:									
14. Shipment received at recovery facility: <input type="checkbox"/> Quantity received: Tonnes (Mg): or laboratory: <input type="checkbox"/> m ³ : Name: Date: Signature:									

- (1) Information accompanying shipments of green listed waste and destined for recovery of waste destined for laboratory analysis pursuant to Regulation (EC) No 1013/2006. For completing this document, see also the corresponding specific instructions as contained in Annex IC of Regulation (EC) No 1013/2006 on shipments of waste.
- (2) If more than 3 carriers, attach information as required in blocks 5 (a), (b), (c).
- (3) When the person who arranges the shipment is not the producer or collector, information about the producer or collector shall be provided.