NSW CONTAINER DEPOSIT SCHEME
INTER-MRF TRANSFER FORM - RECEIVING MRF

PURPOSE OF THIS FORM

This form must be submitted to the Scheme Coordinator by the Receiving MRF of an inter-MRF transfer. The MRF operator receiving the materials must complete this form. Appropriate scenarios for transferring materials are outlined in section 6.1 of the MRF Protocol.

The form must be submitted at least **10 business days** before the proposed transfer. If a more immediate transfer is requested, please provide an explanation of why notice cannot be provided in the reason for transfer.

FACILITY DETAILS

An Inter-MRF Transfer request has been submitted by _____and has indicated your MRF as the receiving MRF operator.

Please provide information about the facility receiving the materials.

Facility name	
MRF operator name	
MRF operator ABN	
MRF operator contact name	
MRF operator contact no.	
MRF operator contact email	
Facility street address	
Contact name	
Is this facility an eligible MRF currently participating in the Scheme?	☐ Yes ☐ No

To ensure the material will be appropriately managed, please tick to confirm the following:

☐ You have confirmed any share arrangement with affected councils and EPA has been notified of these arrangements by each of the councils.

☐ You confirm your MRF has the capacity to process the planned volumes.

☐ You have a fully operational weighbridge on site or have approval for an alternative method.

☐ Weighbridge is within calibration period and will not expire during the transfer period.

☐ The material transactions will be recorded uniquely within your receiving records to ensure traceability and review of all tonnages at a later date.

☐ You acknowledge that your MRF may be visited by an EfC representative unannounced, for the purpose of verifying inter-MRF transfer records, outside any regular scheduled audit.

☐ You have read and agree to the conditions set out within the NSW CDS MRF Processing Refund Protocol, with particular attention to requirements for Inter-MRF Transfers.

If confirmation cannot be made please provide an explanation:

DATA CONSENT AND CERTIFICATION

I consent to the EPA and its contractors using the data provided in this form, the data required to be provided under the Container Deposit Scheme Material Recovery Facility Processing Refund Protocol (the Protocol), and the data submitted to the EPA's Waste and Resource Reporting Portal (WARRP) for the purposes of the administration of the Container Deposit Scheme.

I certify that all information provided in this form is true and correct and has been completed by a person who has authority to act on behalf of the MRF operator.

By submitting this form, I consent that all information that I have provided is true and accurate.

It is an offence to provide false or misleading information

NAME SIGNATURE DATE

Submit to EfC

NSW Environment Protection Authority
Email: info@epa.nsw.gov.au
Website: www.epa.nsw.gov.au

To be filled by Scheme coordinator only:

Reviewed:

Clause 8.3 validation:

Approved:

Date of Approval: