ANEXO A⁹⁰ – Documento de notificação de movimentos transfronteiriços de resíduos.

Notification document for transboundary movements/shipments of waste

1. Exporter - notifier Registration No:	3. Notification No:				
Name:	Notification concerning				
Address:	A.(i) Individual shipment: (ii) Multiple shipments:				
	B.(i) Disposal (1):				
Contact person:	C. Pre-consented recovery facility (2;3) Yes \(\text{No} \) No \(\text{}				
Tel:	4. Total intended number of shipments:				
E-mail:	5. Total intended quantity (4):				
2. Importer - consignee Registration No:					
Address:	6. Intended period of time for shipment(s) (4):				
	First departure: Last departure:				
Contact person:	7. Packaging type(s) (5):				
Tel: Fax:	Special handling requirements (6): Yes: No:				
E-mail:	11. Disposal / recovery operation(s) (2)				
8. Intended carrier(s) Registration No:	D-code / R-code (5):				
Name(7):	Technology employed (6):				
Address:					
Contact person:	Reason for export (1;6):				
Tel: Fax:					
E-mail:	12. Designation and composition of the waste (6):				
Means of transport (5):					
9. Waste generator(s) - producer(s) (1;7;8) Registration No:					
Name:					
Address:					
	13. Physical characteristics (5):				
Contact person:					
Tel: Fax:	14. Waste identification (fill in relevant codes)				
E-mail:	(i) Basel Annex VIII (or IX if applicable):				
Site and process of generation (6)	(ii) OECD code (if different from (i)):				
	(iii) EC list of wastes:				

⁹⁰ Conforme ABNT NBR 14724 (ASSOCIAÇÃO BRASILEIRA DE NORMAS TÉCNICAS, 2005).

10. Disposal facility (2):	or recovery facility	(2):	(iv) Nationa	al code in co	untry of export:				
Registration No:			(v) Nationa	l code in cou	untry of import:				
Name:			(vi) Other (specify):					
Address:			(vii) Y-code	e:					
			(viii) H-cod	e <i>(5):</i>					
Contact person:			(ix) UN clas	ss <i>(5):</i>					
Tel:	Fax:			(x) UN Number:					
E-mail:			(xi) UN Shi	pping name:					
Actual site of disposal/recovery:	:		(xii) Custor (HS):	ms code(s)					
15. (a) Countries/States conce	erned, (b) Code no. of co	mpetent authorities	where appl	icable, (c) Sp	pecific points of exi	t or entry (bo	order crossing or port)		
State of export - dispatch		State(s) of transit	(entry and	exit)		State of	import - destination		
(a)									
(b)									
(c)									
16.Customs offices of entry a	nd/or exit and/or export	t (European Comn	nunity):						
Entry:	Exit:				Export:				
17. Exporter's - notifier's / ger	nerator's - producer's (1) declaration:							
I certify that the information is c	omplete and correct to my	y best knowledge. I	also certify	that legally e	enforceable written	contractual	obligations have beer		
entered into and that any app	licable insurance or othe	er financial guaran	itee is or sh	nall be in fo	rce covering the t	ransboundaı	ry 18. Number of		
movement. Exporter's - notifier's name:		Date:		Signature:			annexes attached		
Generator's - producer's name:		Date:		Signature:					
production of production of the production of th		OR USE BY COMP	FTFNT AUT						
19. Acknowledgement from the					(;8) to the movem	ent provide	d by the		
countries of import - destinat				t authority o	•		,		
Country:	, , , , ,	(-)	Consent gi		, (),				
Notification received on:			Consent va			until:			
Acknowledgement sent		l							
on:		Specific conditions	s: No:		If Yes, see bloo	k 21 <i>(6):</i>			
Name of competent authority:		Name of competent authority:							
Stamp and/or signature:		Stamp and/or signature:							
21. Specific conditions on cor	senting to the moveme	ent document or re	easons for c	bjecting					
(1) Required by the Basel Conve	ention								
corresponding information on any subsequent			(5) See list of abbreviations and codes on the next page (6) Attach details if pagessary						

- R12/R13 or D13-D15 facilities and on the subsequent R1-R11 or D1-D12 facilit(y)ies when required
- (3) To be completed for movements within the OECD area and only if B(ii) applies
 (4) Attach detailed list if multiple shipments

- (7) Attach list if more than one(8) If required by national legislation
- (9) If applicable under the OECD Decision

Movement document for transboundary movements/shipments of waste

1. Corresponding to notification No:			2. Serial/total number of shipments:				
			4. Importer - consignee Registration No:				
Name:		Name:					
Tanis.		i tamo.					
Address:		Address:					
Contact person:		Contact pe	erson:				
Tel: Fax:		Tel:		Fax	c		
E-mail:		E-mail:					
5. Actual quantity: Tonnes (Mg):	m ³ :	6. Actual shipment					
7. Packaging Type(s) (1):	Number of packages:						
Special handling requirements: (2) Yes:	□ No: □						
8.(a) 1 st Carrier <i>(3):</i>	8.(b) 2 nd Carrier:			8.(c) Last Carrie	er:		
Registration No:	Registration No:			Registration No:			
Name:	Name:			Name:			
Address:	Address:			Address:			
Tel:	Tel:			Tel:			
Fax:	Fax:			Fax:			
E-mail:	E-mail:			E-mail:			
To be comple	ted by carrier's represe	entative		L	More than 3 carriers (2	') 🗆	
Means of transport (1):	Means of transport (1):			Means of transp	ort (1):		
Date of transfer:	Date of transfer:			Date of transfer:			
Signature:	Signature:			Signature:			
9. Waste generator(s) - producer(s) (4;5;6):		12. Designation and composition of the waste (2):					
Registration No:							
Name:							
Address:							
Contact person:		13.Physica	al characterist	ics (1):			
Tel: Fax:							
E-mail:		14.Waste i	identification (fill in relevant cod	des)		
Site of generation (2):		(i) Basel Aı	nnex VIII (or IX	if applicable):			
10. Disposal facility or recovery	facility	(ii) OECD	code (if differen	t from (i)):			
		(iii) EC list of wastes:					
			(iv) National code in country of export:				
		(v) National code in country of import:					
				-			

			_					
				(vi) Other (spec	ify):			
Contact person:				(vii) Y-code:				
Tel:	-ax:		(viii) H-code (1):					
E-mail:				(ix) UN class (1)):			
Actual site of disposal/recovery (2)				(x) UN Number:				
11. Disposal/recovery operation(s)				(xi) UN Shipping	g name:			
D-code / R-code (1):				(xii) Customs co	ode(s) (HS):			
15. Exporter's - notifier's / generate	or's - producer's (4) decl	aration:						
I certify that the above information is have been entered into, that any app necessary consents have been recei	licable insurance or other	financial	l guar	rantee is in force	covering the			
Name:	Date:				Sigr	ature:		
16. For use by any person involved	in the transboundary m	ovemen	t in c	case additional	information i	s requi	red	
17. Shipment received by importer	consignee (if not facilit	: y): Da	ate:	Nan	ne:		Signature:	
	TO BE COMPLET	ED BY D	DISPO	OSAL / RECOV	ERY FACILIT	Y		
18. Shipment received at disposal for	acility	or	reco	overy facility	П	19. I ce	ertify that the disposal/recovery of	
Date of reception:	Accept	ied:]	Rejected*:			described above has been eted.	
Quantity received: Tonnes (Mg):	m³:				tely contact nt authorities	Name:		
Approximate date of disposal/recovery	r:							
Disposal/recovery operation (1):						Date:		
Name:			Signature and stamp:				ure and stamp:	
Date:								
(1) See list of abbreviations and code	s on the next page				(4) Require	d by the	Basel Convention	
(2) Attach details if necessary					(5) Attach li			
(3) If more than 3 carriers, attach information as required in blocks 8 (a,b,c).						5		
FOR USE BY CUS	TOMS OFFICES (if requi	ired by n	natio	nal legislation)				
20. Country of export - dispatch or customs office of exit			,	21. Country of import - destination or customs office of entry				
The waste described in this movement document left the country on:			The waste described in this movement document entered the country on:					
22. Stamps of cus	toms offices of transit c	ountries	•					
Name of country:					Name of co	ountry:		
Entry:	Entry: Exit:			Entry: Exit:			Exit:	
Name of country:			\neg		Name of co	ountry:		
Entry:	Exit:				Entry:		Exit:	