

HAZARDOUS MATERIALS SHIPPING PAPER



EMERGENCY RESPONSE TELEPHONE NUMBER

DATE

CONTACT NAME OR CONTRACT NUMBER:

CONSIGNEE

SHIPPER

| Number and type of pieces | H M | DESCRIPTION – MUST APPEAR IN SPECIFIED ORDER UN/NA Number / Proper Shipping Name / Hazard Class / Packing Group (if necessary) | Total Wt (lbs, gals) |
|---------------------------|--------|--|-------------------------|
| | | | |
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This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and is in proper condition for transportation according to the applicable regulations of the Department of Transportation.

Per: _____

IMPORTANT

1. Please type or print clearly.
2. Include the number of and the type of container.
3. Make sure that the description is complete and in the proper order.
4. The total weight must be followed by the unit of measure (lbs, gals, etc.)
5. Sign the form – an unsigned form is not complete

FORMS MUST BE FILLED OUT COMPLETELY OR THE DRIVER WILL NOT ACCEPT THE PACKAGE