



SHIPPING DOCUMENT

Consignor (Shipper) Name: Address:	Consignee (Destination) Name: Address:
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Date:	Point of Origin:
Name of Carrier:	Shipping Document #:

REGULATED DANGEROUS GOODS

24-HOUR NUMBER:	(Only if Applicable) ERAP reference #: ERAP telephone #:
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UN Number	Shipping name (if applicable, Technical Name)	CLASS Primary	Subsidiary Class	Packing Group	Total Quantity (KG or L)	Number of Packages Requiring Labels

THE DECLARATION BELOW IS REQUIRED BY THE 49 CFR (UNITED STATES REGULATIONS), FOR SHIPMENTS DESTINED FOT THE UNITED STATES.

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled and are in proper condidtion for transporation according to the applicable regulations of the Department of Transportation

Shipper's Signature

NON-REGULATED DANGEROUS

Packages	Description of Articles	Weight