DANGEROUS GOODS SHIPPING DOCUMENT

SHIPPER /
CONSIGNOR NAME : TEL. NO.

SHIPPER /
CONSIGNOR ADDRESS:

DESCRIPTION OF DANGEROUS GOODS

PROPER SHIPPING NAME	CLASS	SUB-CLASS / COMPAT. GROUP	UN #	PACKING GROUP	FLASH POINT	MARINE POLLUTANT	QTY. (in metric)	GROSS / NET MASS

24 HOUR NUMBER

PHONE :

DATE :