

CONSIGNOR: _____

CONSIGNOR ADDRESS: _____

LICENSE PLATE #: _____ Province: _____ Contact (Name): _____ PHONE: _____

DESCRIPTION OF DANGEROUS GOODS

UN#	Proper Shipping Name	Class/Hazard/Sub class	Packing Group (I,II,III)	Toxic by Inhalation (Y/N)	Flashpoint (in Celsius)	Marine Pollutant (Y or N)	Quantity (number of pkgs and size in L or KG Cyl/totes)	Total Quantity (L/KG)

Emergency 24 hour Number: _____

I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, are properly classified and packaged, have Dangerous Goods safety marks affixed or displayed and are in all respects in proper condition for transport according to the *Transportation of Dangerous Goods Regulations*.

For office use Only:

Time of sailing: _____

Vessel: _____

Destination Terminal: _____

Vehicle Type (closed/open/tank, etc.): _____

Consignor or Shipper's name (PRINT): _____

Consignor or Shipper's signature: _____

Shipping date: _____

Personal information is collected under the Freedom of Information and Protection of Privacy Act for confirming your declaration. If you have any questions please contact dg.bcf@bcferries.com

