

Dangerous Goods Shipping Form

Shipper's Information:

Name: _____

Company: _____

Address: _____

Phone Number: _____

Consignee's Information:

Name: _____

Address: _____

Phone Number: _____

Dangerous Goods Declaration Table

Item Description	UN Number	Class/Division	Quantity

Handling Instructions:

Fragile Keep Away from Heat Handle with Care Requires Ventilation

Emergency Contact Number: _____

Shipper's Signature: _____

Date: _____