Dangerous Goods Shipping Instruction Form

Shipper Name

Consignee Name

Date

Reference No.

Shipper Address

Telephone

Email

Place of Departure

Destination

Mode of Transport [Select ▾]

Cargo Information

Complete for each Dangerous Goods item:

Proper Shipping Name	Class/Division	UN Number	Packing Group	Qty & Type of Packing	Net Weight	Additional Information

Declaration

Declaration: [I hereby declare that the c]

Name (print)

Signature/Date