Tropical SHIPPING
Worlds Of Service

Facts:

SHIPPER-LOADED HAZARDOUS MATERIALS FORM

Number of Packages	Package Type	Weight/ Quantity	UN #	Proper Shipping Name	Hazard Class	Subsidiary Risk	Packing Group	Marine Pollutant Yes/No	Flash Point	Poison Inhalation Hazard Yes/No	24-Hour Emergency Phone #	EMS #

Container/Vehicle #: _____

Shipper Name & Address: _____

Consignee Name & Address: _____

Port: _____

SHIPPER'S CERTIFICATION STATEMENT

I hereby declare that the contents of this consignment are fully and accurately described above by the correct technical name, proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to the applicable international and national government regulations.

_____
Shipper's Signature Date

_____
Print Shipper's Name and Title

_____
Company Name

_____
Location

SHIPPER'S CONTAINER PACKING/VEHICLE CERTIFICATION

It is declared that the packing of the goods into the container/vehicle has been carried out in accordance with the applicable provisions.

_____
Shipper's Signature Date

_____
Print Shipper's Name and Title

_____
Location

Revised: 03/2008