

Hazardous Materials Bill of Lading

Shipper Name

Shipper Address

Consignee Name

Consignee Address

Date

Bill of Lading Number

Carrier Name

Description of Hazardous Materials

Proper Shipping Name	Hazard Class	UN/NA Number	Packing Group	Quantity	Type of Packaging
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Handling Information

Emergency Contact Name

Emergency Contact Number

Shipper Signature

Date

Carrier Signature

Date