

Hazardous Materials Customs Declaration Form

Shipper Information

Name

Address

Phone

Consignee Information

Name

Address

Phone

Shipment Details

Date Shipped

Origin Country

Destination Country

Hazardous Material Details

Description	UN Number	Class/Division	Packing Group	Quantity	Unit	F
<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"/>	<input type="text"/>	<input type="text"/>

Additional Information

Emergency Contact

Handling Instructions

Certification

Name

Title

Date