Pharmaceuticals Hazardous Materials Declaration

1. Shipper and Consignee Information

Date

Shipper Name
Consignee Name
Shipper Address
Consignee Address
2. Product Information
2. Product information
Product/Drug Name
UN Number
ON Number
Proper Shipping Name
Overatify:
Quantity
Packaging Type
Classification (e.g., 6.1, 3)
Packing Group
3. Declaration
Name of Person Making Declaration

Signature			
Remarks			