



**DANGEROUS GOODS SHIPPING DOCUMENT FOR ROAD TRANSPORT**

DESTINATION (City-Town)  Name:  Address:				CONSIGNOR  Name:  Address:				
Name of Carrier			On Acct <input type="checkbox"/>	Prepaid <input type="checkbox"/>	Collect <input type="checkbox"/>		Transport Unit Number	
Point of Origin				Shipping Date		Shipper's Phone No.		
REGULATED DANGEROUS GOODS  TDG Ticket Verified at Scale <input type="checkbox"/>				24-Hour Number:  ERAP Reference and Telephone Number _____				
Shipping Name	Primary Class	Subsidiary Class	UN Number	Packing Group	Quantity	Packages Requiring Labels		
This is to certify that the above named articles are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the <i>Transportation of Dangerous Goods Regulations</i> .								
Special Instructions								
NON-REGULATED GOODS								
Packages	Description of Articles					Weight		
Received in apparent good order  _____ Abatement Company/Consignee Signature				_____ Shipper's Signature				
Received in Apparent Good Order			_____ Driver's Signature			_____ Driver's Phone No.		