



REQUIREMENTS AND DATA TO COMPLETE A “ DGD “ DANGEROUS GOODS DECLARATIONS

1-NAME AND COMPANY NAME

2-TELEPHONE NUMBER AND EMAIL

3-NAME AND ADDRESS OF THE SHIPPER AND CONSIGNEE

4-DESCRIPTION OF THE PRODUCT(S).PLEASE ATTACH AN MSDS

5-NUMBER OF PACKAGES, AND OVERPACKS

6-TYPE OF PACKAGING (FIBREBOARD BOXES, PLASTIC DRUMS,ETC.)

7-WEIGHT FOR EACH PACKAGE OR QTY. FOR LIQUIDS.

8-PLEASE ATTACH PACKAGING SPECIFICATION (UN CERTIFICATION)

IF YOU HAVE ANY QUESTION CALL 305-968-2930

SHIPPER'S DECLARATION FOR DANGEROUS GOODS

(Provide at least two copies to the airline.)

Shipper	Air Waybill No. Page of Pages Shipper's Reference Number (optional)
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Consignee	<p align="center">FOR CHEMICAL EMERGENCY Spill, Leak, Exposure or Incident Call INFOTRAC • 24-Hour Number: 1-800-535-5053 or +1-352-323-3500 (outside USA)</p>
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<p><i>Two completed and signed copies of this Declaration must be handed to the operator.</i></p>	<p>WARNING</p> <p>Failure to comply in all respects with the applicable Dangerous Goods Regulations may be in breach of the applicable law, subject to legal penalties.</p>
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<p>TRANSPORT DETAILS</p> <p>This shipment is within the limitations prescribed for: (delete non-applicable)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px; text-align: center;">PASSENGER AND CARGO AIRCRAFT</td> <td style="width:50%; padding: 2px; text-align: center;">CARGO AIRCRAFT ONLY</td> </tr> </table> <p>Airport of Departure: _____</p>	PASSENGER AND CARGO AIRCRAFT	CARGO AIRCRAFT ONLY	<p>Shipment type: (delete non-applicable)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">NON-RADIOACTIVE</td> <td style="width:50%; padding: 2px;">RADIOACTIVE</td> </tr> </table>	NON-RADIOACTIVE	RADIOACTIVE
PASSENGER AND CARGO AIRCRAFT	CARGO AIRCRAFT ONLY				
NON-RADIOACTIVE	RADIOACTIVE				

Airport of Destination: _____

NATURE AND QUANTITY OF DANGEROUS GOODS						
Dangerous Goods Identification						
UN or ID No.	Proper Shipping Name	Class or Division (Subsidiary Risk)	Packing Group	Quantity and Type of packing	Packing Inst.	Authorization

Additional Handling Information _____

24 hr. Emergency Contact Tel. No. _____

<p>I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labelled / placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. I declare that all of the applicable air transport requirements have been met.</p>	<p>Name/Title of Signatory _____</p> <p>Place and Date _____</p> <p>Signature _____ (see warning above)</p>
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