

SHIPPER – PLEASE COMPLETE

Per Transport Canada

DG SHIPPING DOCUMENT	
Consignor (Shipper) Name: Address:	Consignee (Destination) Name: Address:
Date:	Point of Origin:
Name of Carrier:	Shipping Document #:
Transport Unit #	

REGULATED DANGEROUS GOODS							
24-HOUR NUMBER:				(Only if applicable)			
				ERAP reference #:			
				ERAP telephone number:			
UN Number	Shipping name (If applicable, Technical Name)	Primary Class	Subsidiary Class	Packing Group	Toxic by inhalation	Total Quantity (kg, L, NEQ in kg, or articles)	Number of packages requiring labels

I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, are properly classified and packaged, have dangerous goods safety marks properly affixed or displayed on them, and are in all respects in proper condition for transport according to the Transportation of Dangerous Goods Regulations.

Shipper's Name (Print)

NON REGULATED DANGEROUS GOODS		
Packages	Description of articles	Weight

Received in apparent good order : _____ <div style="text-align: center;">Consignee's Signature</div>	_____ Driver's #	_____ Driver's Signature
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