



P.O. BOX 248

La Crete, Alberta T0H 2H0

SHIPPING DOCUMENT The highlighted spaces are required information.

Consignor (Shipper) Name: Address:	Consignee (Destination) Name: Address:
DATE:	Point of Origin:
Name of Carrier: La Crete Transport Transport unit #:	Shipping Document #:

REGULATED DANGEROUS GOODS

24-HOUR NUMBER:	(Only if applicable) ERAP reference #:
-----------------	--

UN number	Shipping name (If applicable, Technical Name)	Primary Class	Subsidiary Class	Packing Group	Toxic by inhalation (SP 23)	Total Quantity (kg or L)	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 (*MUST* print)

NON REGULATED DANGEROUS GOODS

Packages	Description of articles	Weight

Received in apparent good order Consignee's signature _____	Driver's #:
	Driver's signature _____