



HAZARDOUS MATERIALS TRANSPORTATION FORM

Ship From

NAME: _____

DEPARTMENT: _____

ADDRESS: _____

DATE: _____

PHONE: _____

EMAIL: _____

MSU ACCOUNT NUMBER: _____

Secondary Contact Person: _____

Secondary Contact Phone: _____

Ship To

NAME: _____

COMPANY: _____

ADDRESS Line 1: _____

ADDRESS Line 2: _____

CITY: _____

STATE: _____ POSTAL CODE: _____

COUNTRY: _____

PHONE: _____

REFERENCE: _____

Hazardous Materials Description

UN# _____

Proper Shipping Name (PSN) Description: _____

Class or Division (Subrisk): _____

Packing Group: _____

Instructions

- DO NOT SEAL THE OUTER PACKAGING**

- If you have the original outer packaging, please send it to Logistics with the shipment.
- If you have the original shipping papers, please attach a copy with this form.
- Complete SDS (Safety Data Sheet) **REQUIRED**
- Attach form, SDS, and Service Request to your shipment
 - International Shipping Form required for exports

Special instructions : _____
