NCIRSWA HHM VSQG Shipping Paper

VSQG Business: _____ Date_____

Address: _____ Time_____

City/State/Zip: _____ Page_____of_____

Phone: _____

All material brought in to our facticity will require a Material Safety Data Sheets included with this form. Below give a product name or brief material description. The number of that item you are bringing in and approximate weight.

Product Name Material Description	Number of Items	UN Number	Weight

VSQG Certification [49 CRF 172.204 (a) (2)]

I hereby declare that the contents of the consignment are fully and accurately described above by the proper shipping name and are packed, marked, labeled and are in proper condition for transportation by highway according to D.O.T. regulations.

VSQG Rep: _____ Emergency Response Phone

Driver: _____ 1 515 573 1403

Received By: _____

PH: 515-576-5866 Ext. 2 hhm@ncirswa.org 2151 Gypsum Hollow Road Fort Dodge Iowa 50501