



Hazardous Materials Shipping 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.
- **REQUIRED:** Complete SDS (Safety Data Sheet)
- Attach form, SDS, and Service Request to your shipment
 - International Shipping Form required for exports

Special instructions: _____

