



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

Special instructions: _____

60FOR27v01