

Attachment 1

APPLICATION

1. Information regarding Shipper and Consignee			
Shipper	Name		
	Address		
Consignee	Name		
	Address		
2. Information regarding Dangerous Goods (Please enclose supporting materials)			
Proper Shipping Name			
UN Number/Identification Number		Class or Division	
Shipping Quantity		Form of Packaging	
Need for Special Treatment			
Emergency Response Information (including response procedures, the name and telephone number of 24 hour contact)			
3. Form of Transport			
Date of Transport			
Place of Origin			
Place of Destination			
Route			
4. Reason for Air Transport Exemption			
5. Form of Transport (Please enclose a plan that is in compliance with the safety requirements of the Technical Instructions)			
Applicant		Signature of Applicant (Supervisor or Responsible Person):	
Contact Person			
Contact Telephone			
Date of Application			