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| Date | Time |  | INTERAGENCY INCIDENT WAYBILL |  | Page 1 of \_\_ |
| shipped to | SHIPPED FROM |
|  |  |
| Incident name  |  | Carrier/Driver name:  |  |
| **Incident number**  |  | **Vehicle number**  |  | **Trlr number**  |  |
| **Accounting/mgnt Code**  |  | **Pieces**  |  | **Weight**  |  |
| **Contact name/phone**  |  | **ETD**  |  | **ETA**  |  |
| HAZARDOUS MATERIALS DECLARATION |
| **Identification Number** | **Proper Shipping Name** | **Hazard Class** | **Packing Group** | **Total Quantity** |
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| **This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.****­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Signature of Shipper Chemtrec: 1-800-424-9300 Emergency Response Phone Number** |
| **Item #** | **NFES #** | **Quantity** | **U/I** |  | **Item Description** | **Property Number** |
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| Received by (signature) | Position Title | Date/Time |

**NFES 1472 Original: Shipper COPIES: RECIPIENT, PACKING LIST, OPTIONAL OPTIONAL FORM 316 (05-2013)**