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

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.

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Signature of Shipper **Chemtrec: 1-800-424-9300** **Emergency Response Phone Number**

Item #	NFES #	Quantity	U/I	Item Description	Property Number

Received by (signature)	Position Title	Date/Time