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| Date | | Time | | |  | | | | INTERAGENCY INCIDENT WAYBILL | | | | | | | | | | |  | | | | Page 1 of \_\_ |
| shipped to | | | | | | | | | | | | SHIPPED FROM | | | | | | | | | | | | |
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| 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)**