If this consignment is DGLQ or CONSUMER COMMODITIES this must be indicated in the space above.

		Dangerous	Goods	Declaration	
		meets the requirements of section			ngerous Goods 1999
Sender/Consignor: (Name & Address)			References:		
			Job No/Order No:		
Telephone N	D:				
Recipient/Consignee:			Carrier/Courier:		
Telephone No	. .				
	Class(es)		Packing	Number/Type of	Gross mass
UN Number	or Divisions	Proper Shipping Name	Group	Packages	Volume (kg / L)
Additional In	formation:				
Emergency Telephone No:			or Dial 111 Emergency Services		
Notes:	_				
	the Proper Shippin be included in the d	g Name include the words " Not Othescription.	nerwise Specif	ed" or the letters "NOS" the tec	hnical Name of the goods
		cking Certificates are provided on the			
4. Where	Container Vehicle	Certificates or Load Plans are not re			reverse of this declaration
Declaration:	e disregarded.		Name:		
I hereby declare	that the informatio	n contained in this document is	Address:		
correct and that the contents of this consignment are correctly described and meet all the requirements of the Land Transport Rule:					
Dangerous Goods 1999 in respect to packaging, labelling and			Date:		
		ne container/Vehicle Packing			
Certificate on the reverse of this form as specified in 5.2(7) and 5.2(9) of the Dangerous Goods Rule Yes / No / N/A			Circulture		
		1 - FIRE OR POLICE	Signature		
			6		
		ate the site. Retrieve DG documents ent smoking. Warn Traffic.	from the vehi	cle and follow any written instru	ctions
		(through a bystander if necessary) In do so safely and have the approp			
Follow all In		the police or fire service		- p	
Advise Com	pany management				
1					