

DOMESTIC SHIPMENT REQUEST FORM

<p>PICK UP</p> <p>Business/Company Name Address City State Zip Contact Person Contact Person Phone No. CONTACT EMAIL ADDRESS</p> <p>Requested pick up date Available pick up hours</p>	
<p>SHIP TO</p> <p>Business/Company Name Address City State Zip Contact Person Contact Person Phone No. CONTACT EMAIL ADDRESS</p> <p>Requested Delivery Date Available Delivery Hours</p>	
<p>Project Number/Task No. MANDATORY INFORMATION</p>	
<p>Description of Item Quantity of Each Item Value of Each Item Use an additional sheet if necessary</p>	
<p>Is this shipment hazardous or does it contain a chemical or a liquid?</p> <p>If yes, except for water, an SDS is MANDATORY</p> <p>Does this shipment contain batteries?</p>	
<p>Type of Package: i.e. Pallet, Fiber Box, Wood Box, Pelican Case, etc.</p> <p>Dimensions of Package L x W x H (inches) Weight of Package (In pounds)</p>	
<p>Is an overpack being used for this shipment</p>	