**Third Party Verification Shipping Form**

**Third Party Company Information**

|  |  |
| --- | --- |
| Name: | Shipping Address:  |
| Phone: | Billing Address:  |
| Contact Personnel:  | Email:  |
| Tax Identification Number:  | Date:  |

**UA Shipper Information**

|  |  |
| --- | --- |
| Name:  | Shipping Address:  |
| PI Name:  | Billing Address:  |
| Contact Personnel:  | Email:  |
| Phone:  | Post-doc/grad/undergrad/lab personnel |
| UA Building:  | UA Research Room Number:  |
| Tax Identification Number:  | Date:  | CWID:  |

**Chemical/ Shipping Material Information**

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| --- |
| Chemical Name:  |
| Chemical Manufacturer:  |
| State: Liquid / Gas / Solid / Powder  |
| Quantity:  |
| Shipping with any hazardous materials for preservation such as dry ice: if yes, please explain below: |

Mark All Hazardous Classifications that Apply:



List All Precautionary Statements that Apply:

List All Hazard Statements that Apply:

Please complete the NFPA Fire Diamond for the Chemical you wish to ship:



Mark all DOT Shipping Labels that apply:



EHS Personnel Only

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| --- |
| Verification: APPROVED DENIED  |
| EHS Special Instructions:

|  |
| --- |
| EHS Personnel Print:  |
| EHS Personnel Signature:  |
| COI Third Party Shipment Number |

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