**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**

|  |
| --- |
| 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: |

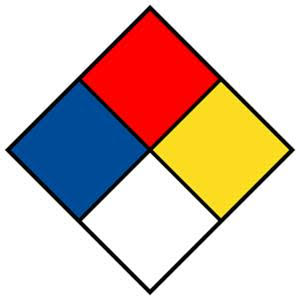
Mark All Hazardous Classifications that Apply:



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

|  |
| --- |
| Verification: APPROVED DENIED |
| EHS Special Instructions:   |  | | --- | | EHS Personnel Print: | | EHS Personnel Signature: | | COI Third Party Shipment Number | |