

Date: \_\_\_\_\_ Shipper's Bill Of Lading Number: \_\_\_\_\_

Shipping Papers: **(your flying service name)** \_\_\_\_\_

From or Consigner:  
**this will be flying service name**  
**Address**

**Telephone number**

Shipper:  
**this will be flying service name**  
**Address**

**Telephone number**

Hdlg Units No. Type	HM	Kind of Package, Description	Weight
1 - Tank	X	Combustible Liquid, n.o.s., (Jet-A-Fuel),  NA1993, PG III,	  _____  Gallons

Emergency Response Telephone Number: \_\_\_\_\_  
Then call: *flying service name and number* \_\_\_\_\_