Reset Form

Certificate of Condition for Transport of Flammable Liquid/Gas Vehicles

Shipper	Consignee
Company:	Company:
Address:	Address:
City & Province:	City & Province:
Country:	Country:
Postal Code:	Postal Code:
Contact name:	Contact name:
Email:	Email:
Phone:	Phone:
Tax ID / EIN	Tax ID / EIN:

Please fill in details and check appropriate boxes on BOTH pages and email to: **info@upwardpackaging.com**

1. **Mode of Transport** - ☐ Air ☐ Marine

2. **The Consignment** - I certify that this consignment consists of (please indicate number of items):

   ☐ Automobile ☐ Motorcycle ☐ Other (please specify) _____

3. I certify that the above consignment is (are):

   ☐ Flammable LIQUID powered ☐ Flammable GAS powered ☐ Hybrid

4. **Battery** - I certify that the above consignment either:
   ☐ Has NO battery **or** Has a battery and the battery terminals have been disconnected and the terminals taped to prevent short circuits during transport

5. **Fuel -** I certify that the fuel tank(s) of the **engine**(s) is (are) drained of fuel as far as practicable and any disconnected
   ☐ fluid lines have been sealed with leak-proof caps **or** of the **vehicle**(s), possess tightly closed tank caps. Any gasoline remaining does NOT exceed ¼ of the tank capacity. For diesel powered vehicles, sufficient ullage space has been left inside tanks to allow for expansion without leakage.

6. **Alarm** - I certify that theft-protection devices, installed radio communications equipment and/or navigational systems
   ☐ have/has been disabled.

7. **Immobilized** – I certify that the vehicle has an effective means of preventing accidental activation (removing keys,
   ☐ disconnecting batteries, etc)

8. **Packaging and NET Weight -** The consignment is being offered for transport in the following packaging:
   Please indicate number of each packaging and NET Weight of vehicle(s) etc. in each.
   Quantity: _____ Packaging: _____ Net Weight(s) in KG: _____
   Quantity: _____ Packaging: _____ Net Weight(s) in KG: _____
   Quantity: _____ Packaging: _____ Net Weight(s) in KG: _____

Credit Card information
Card Number:
Expiry:
CVV:

Freight Forwarder
Company:
Contact:
Telephone #:

9. **I, _____ certify that the above information is correct.**
   (Print name)

   _____ _____
   (Signature) (Date)