Lithium / Sodium Cell and Battery Confirmation Form

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

Clear Form

1. **Mode of Transport:** ☐ Air ☐ Marine ☐ Ground

2. **Shipment of:** ☐ Cells ☐ Batteries

3. **Cell/Battery Type:**
   ☐ Lithium Ion _____ Watt-hour (Wh) rating of largest battery (rechargeable)
   ☐ Sodium Ion _____ Watt-hour (Wh) rating of largest battery (rechargeable)
   ☐ Lithium Metal _____ g lithium per battery (primary / one time use)

4. **Battery/batteries are to be sent:**

☐ Individually (eg. Batteries only) ☐ Packed with Equipment* ☐ Contained in Equipment* (eg. Drill, laptop, drones, etc.)	☐ Contained in Vehicle* (eg. e-bike, scooter, wheelchair, etc.)
Net weight of all batteries only : _____ kg Dimensions of batteries: ____ L" x ____ W" x ____ H" Dimensions of package: ____ L" x ____ W" x ____ H" - Gross Weight: _____ lbs	Net weight of vehicle incl. batteries: _____ kg Dimensions of package: ____ L" x ____ W" x ____ H" Gross weight of package: _____ lbs

*** Packed with (or installed in) the equipment/vehicle it is intended to power**

5. **For Lithium or Sodium ion cells/batteries the current state of charge of each cell/battery does not exceed 30% of its rated capacity or 25% of its indicated capacity on the integrated meter** ☐ Yes ☐ No

6. **Is the cell/battery a post-production unit (not a prototype) that has passed UN38.3 testing, and purchased from a retail or online store?** ☐ Yes ☐ No

7. **Is any cell/battery defective/damaged or are these considered waste/for recycling?** ☐ Yes ☐ No

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

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

If mobile # is provided for recipient then tracking updates / duty payment information may be provided by SMS

Billing Information:

Credit Card information
Card Number:
Expiry:
CVV:

Freight Forwarder Information
Company:
Contact:
Email:
Tel:

8. **I, _____ understand the above and certify that the provided information is correct.**

(Print name)

Signature: _____ **Date:** _____