

DOD MULTIMODAL DANGEROUS GOODS DECLARATION

This form may be used as a dangerous goods declaration as it meets the requirements of SOLAS 74, Chapter VII, regulation 54; MARPOL 79/78, Annex III, Regulation 4.

1. SHIPPER/CONSIGNOR/SENDER		2. TRANSPORT DOCUMENT NUMBER		3. PAGE 1 OF PAGES	4. SHIPPER'S REFERENCE (TCN)		
5. FREIGHT FORWARDER'S REFERENCE		6. CONSIGNEE		7. CARRIER (To be completed by the carrier)			
24-HOUR EMERGENCY ASSISTANCE TELEPHONE NUMBERS:							
DOD NON-EXPLOSIVE HAZMAT: 1-800-851-8061 AT SEA: COLLECT (804) 279-3131	DOD HAZ CLASS 1 (EXPLOSIVES) ONLY: COLLECT (703) 697-0218/0219	CHEMICAL/BIOLOGICAL WARFARE MATERIAL: (410) 436-3044/7211/6455 AFTER DUTY HOURS: (410) 436-2148 - Ask for TEU S3	DOD SECURE HOLDING: 1-800-524-0331 OIL/CHEMICAL SPILLS: NRC & TERRORIST HOTLINE: 1-800-424-8802 AT SEA: COLLECT 202-267-2675	DOD RADIOACTIVE MATERIALS: COLLECT ARMY: (703) 697-0218 USAF: (202) 767-4011 DLA: (717) 770-5283 USN/MC: Use 24-hour emergency response number provided by activity.			
8. THIS SHIPMENT IS WITHIN THE LIMITATIONS PRESCRIBED FOR: (X as applicable)				9. SHIPPER'S DECLARATION I hereby declare that the contents of this consignment are fully and accurately described below by the Proper Shipping Name, and are classified, packaged, marked, and labeled/placarded and are in all respects in proper condition for transport according to the international and national government regulations.			
<input type="checkbox"/> MILITARY VESSEL		<input type="checkbox"/> COMMERCIAL VESSEL				<input type="checkbox"/> HIGHWAY/RAIL	
10. VOYAGE DOCUMENT NUMBER AND SAILING DATE (To be completed by the carrier)		11. PORT/PLACE OF LOADING					
12. PORT/PLACE OF DISCHARGE		13. DESTINATION					
14. SHIPPING MARKS	DESCRIPTION OF GOODS (UN No., PSN, HC, SHC, PG, number and kind of package, and additional information as required by regulation)			GROSS MASS (kg)	NET MASS/QTY (kg/l)	CUBE (m3)	
15. CONTAINER IDENTIFICATION NO./VEHICLE REGISTRATION NO.		16. SEAL NUMBER(S)	17. CONTAINER/VEHICLE AND TYPE		18. TARE MASS (kg)	19. TOTAL GROSS MASS (Including tare) (kg)	
20. CONTAINER/VEHICLE PACKING CERTIFICATE I hereby declare that the goods described above have been packed/loaded into the container/vehicle identified above in accordance with the applicable provisions. (MUST be completed and signed for all container/vehicle loads by person responsible for packing/loading per paragraph 5.4.2.1 and the name and number of the publication (IMDG Code, Volume 1).)							
a. NAME OF COMPANY			b. NAME/STATUS OF DECLARANT				
c. PLACE AND DATE PACKED			d. SIGNATURE OF DECLARANT				
21. RECEIVING ORGANIZATION RECEIPT Received the above number of packages/containers/trailers in apparent good order and condition, unless stated hereon:							
a. RECEIVING ORGANIZATION REMARKS							
b. HAULER'S NAME		c. VEHICLE REGISTRATION NO.	d. SIGNATURE AND DATE		e. DRIVER'S SIGNATURE		
22. ADDITIONAL HANDLING INFORMATION							
23. SHIPPER PREPARING THIS FORM							
a. NAME OF COMPANY/MILITARY UNIT			b. NAME/STATUS OF DECLARANT/CERTIFIER				
c. PLACE AND DATE			d. SIGNATURE OF DECLARANT/CERTIFIER				

**INSTRUCTIONS FOR COMPLETING DD FORM 2890,
DOD MULTIMODAL DANGEROUS GOODS DECLARATION**

Item 1. Shipper/Consignor/Sender. Enter the address and telephone number where the HAZMAT was certified.

Item 2. Transport Document Number. The vessel manifest number to which the Multimodal Dangerous Goods Declaration will be attached may be entered in this block. The shipper need not enter this number. The accepting operator may enter it at the time it is assigned. This block may also be left blank.

Item 3. Page ___ of ___ Pages. Enter the page number and total number of pages. Example: Page 1 of 1.

Item 4. Shipper's Reference Number (TCN). Enter the 17- character TCN.

Item 5. Freight Forwarder's Reference. Leave blank.

Item 6. Consignee. Enter the six-digit DODAAC and/or the in-the-clear geographical location of the ultimate consignee (if known). For shipments of infectious substances, enter also the full address, name and telephone number of a responsible person for contact in an emergency.

Item 7. Carrier. Enter Vessel Carrier Name. To be completed by the carrier.

24 Hour Assistance Telephone Number(s). Circle applicable emergency number(s).

Item 8. Shipment Within the Limitations Prescribed for Military Vessel/Commercial Vessel/Highway/Rail. Mark X in the appropriate block.

Item 9. Shipper's Declaration. Person who certifies shipment declaration must complete item 23.

Item 10. Voyage Document Number and Sailing Date (To be completed by the carrier). Enter the voyage document number and the date of sail.

Item 11. Port/Place of Loading. Enter the three-digit POE code and/or the in-the-clear geographical location of the port of embarkation.

Item 12. Port/Place of Discharge. Enter the three-digit POD code and/or the in-the-clear geographical location of the port of debarkation.

Item 13. Destination. Enter destination address.

Item 14. Shipping Marks.

1. Enter the UN Number preceded by the letters "UN".
2. Enter the Proper Shipping Name.
3. Enter the primary hazard class and division number. For Class 1 material include the compatibility group letter. Any assigned subsidiary hazard class or division will be entered following the primary class in parenthesis.
4. Enter the Packing Group when assigned.
5. Enter additional information from the IMDG, Chapter 5.4, as required (i.e. Marine Pollutant, Flashpoint, Toxic Inhalation Hazard, RQ, etc.).
6. Enter the number and kind of packaging.
7. Enter the gross weight of the shipment for each item of HAZMAT bearing a different Proper Shipping Name, UN Number or Packing Group.
8. Enter the total quantity of dangerous goods of each item of HAZMAT bearing a different Proper Shipping Name, UN Number or Packing Group. For Class 1 material this quantity will be the net explosive mass (number of rounds per package = net mass/qty).
9. Enter the total cube of shipment.

Item 15. Container ID Number/Vehicle Registration Number. Enter ID number of the container or vehicle registration number.

Item 16. Seal Number(s). Enter seal number installed on container.

Item 17. Container/Vehicle and Type. Enter type and size of container or vehicle description.

Item 18. Tare Mass (kg). Enter tare weight of the container.

Item 19. Total Gross Mass. Enter total gross weight of the container (including tare) (kg).

Item 20. Container Certification/Vehicle Declaration. Declarant must complete blocks 20.a., b., c., and d. U.S. Coast Guard or port officials may require verification of the container certification/vehicle declaration. DD Form 2781 is a detailed checklist which meets USCG/Bureau of Customs and Border Protection requirements. Recommend DD Form 2781 be attached to DD Form 2890.

Item 21. Receiving Organization Receipt. Leave blank as this will be filled out by the receiving organization. Signing this block states that the shipment is in good order, unless otherwise noted.

Item 22. Additional Handling Information. Optional.

If applicable, provide additional handling instructions.

Enter the Emergency Response Guide (ERG) Number(s) of the HAZMAT and attach the specific ERG page to DD Form 2890.

If applicable, drivers transporting regulated HAZMAT on European highways must be provided Transport Emergency Cards (TREM CARDS) in the host nation language which must be attached to the shipping papers.

Item 23. Shipper Preparing This Form.

- a. Name of Company/Military Unit. Enter the name of company.
- b. Name/Status of Declarant/Certifier. Enter the name and status of the person signing the form.
- c. Place and Date. Enter the place and date the material was certified.
- d. Signature of Declarant/Certifier. The person who certifies on behalf of DOD that the shipment complies with the applicable regulatory requirements must sign the form.