## Shippers declaration for dangerous goods

**Shipper**

**U. S. FOOD & DRUG ADMINISTRATION**  
6601 N.W. 25th St. Room 236  
Miami, FL 33122

**Air Waybill No.**  
Delta 7012-6140

<table>
<thead>
<tr>
<th>Collection Report Number</th>
<th>2555</th>
</tr>
</thead>
</table>

**Consignee**

Food and Drug Administration  
60 Eighth Street  
Atlanta, GA 30309

### U.S. GOVERNMENT SHIPMENT

**Air Waybill No.**  
Delta 7012-6140

<table>
<thead>
<tr>
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</tr>
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</table>

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### TRANSPORTATION DETAILS

<table>
<thead>
<tr>
<th>Airport of Departure</th>
<th>Miami, FL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>U.S. GOVERNMENT SHIPMENT</strong></td>
<td></td>
</tr>
</tbody>
</table>

**WARNING**
Failure to comply in all respects with the applicable Dangerous Goods Regulations may be in breach of the applicable law, subject to legal penalties. This Declaration must not, in any circumstances, be completed and/or signed by a consolidator, a forwarder or an IATA cargo agent.

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### NATURE AND QUANTITY OF DANGEROUS GOODS

<table>
<thead>
<tr>
<th>PROPER SHIPPING NAME OF ARTICLE as listed in the Restricted Articles Tariff Federal Aviation Regulations or IATA Restricted Articles Regulations</th>
<th>Class Or Division</th>
<th>UN Or ID No.</th>
<th>Subsidiary Risk</th>
<th>Quantity and Type of packing</th>
<th>Packing Inst.</th>
<th>Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>DRY ICE (CARBON DIOXIDE SOLID)</td>
<td>ORM A OR 9</td>
<td>UN 1845</td>
<td>N/A</td>
<td>5 Fiberboard cartons net weight 20 lbs. dry ice each carton</td>
<td>173.615 or 615</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** Include these notations on all Dry Ice shipments.

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### Additional handling Information

**DO NOT OPEN THIS PACKAGE, IF PROBLEMS ARISE, CONTACT SHIPPER AT (305)555-3344**

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I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in the proper condition for transport by air according to the applicable International and National Government Regulations.

**Name/Title of Person Signing**  
Sidney H. Rogers  
Investigator

**Place and Date**  
Miami, FL (9-8-99)

**Signature (See warning above)**  
*Sidney H. Rogers*

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**FORM FDA 3082 (3/83)**  
PREVIOUS EDITION IS OBSOLETE

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**Page 1 of 1 Pages**

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186