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| <p>UNIT NUMBER _____ VEHICLE LICENCE _____</p> <p>NAME OF DRIVER _____</p> <p>DESTINATION _____</p> | <p>STRAIGHT BILL OF LADING</p> <p>CONNAISSEMENT ORIGINAL NOT NEGOTIABLE / NON NEGOCIABLE</p>  | <p>FROM / DE:</p> <p>Shipper / Expéditeur Department of Fisheries and Oceans Sea Lamprey Control Centre</p> <p>Address / Adresse 1219 Queen Street East Sault Ste. Marie Ontario P6A 2E5 Canada</p> <p>Telephone / Téléphone 705.941.3000 1.800.553.9091</p> |
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| DESCRIPTION | TOTAL QUANTITY |
|---|--|
| <p>- EMPTY CONTAINERS -</p> | |
| <p>TFM EMPTY CONTAINERS</p> <p><input type="checkbox"/> <i>check box when residue last contained</i></p> <p>SUBSTITUTED NITROPHENOL PESTICIDE, LIQUID, TOXIC, (4-NITRO-3-TRIFLUOROMETHYLPHENOL ISOPROPYL ALCOHOL) FLAMMABLE CLASS 6.1,(3) UN 3013, PACKING GROUP III</p> | <p>_____ CONTAINERS (1.5KG.ea)</p> <p style="padding-left: 100px;"><input type="checkbox"/> blue</p> <p>_____ CONTAINERS (1.5KG.ea)</p> <p style="padding-left: 100px;"><input type="checkbox"/> white</p> |
| <p>BAYLUSIDE EMPTY CONTAINERS</p> <p><input type="checkbox"/> <i>check box when residue last contained</i></p> <p>BAYLUSCIDE 3.2% GRANULAR SEA LAMPREY LARVICIDE, SOLID</p> | <p>_____ CONTAINERS (1.5KG.ea)</p> <p style="padding-left: 100px;"><input type="checkbox"/> white</p> |
| <p>BAYLUSIDE CONTAINER LIDS</p> <p><input type="checkbox"/> <i>check box when residue last contained</i></p> <p>BAYLUSCIDE 3.2% GRANULAR SEA LAMPREY LARVICIDE, SOLID</p> | <p>_____ LIDS (0.5KG.ea) <input type="checkbox"/> blue</p> <p>_____ LIDS (0.5KG.ea) <input type="checkbox"/> yellow</p> <p>_____ LIDS (0.5KG.ea) <input type="checkbox"/> white</p> <p>_____ LIDS (0.5KG.ea) <input type="checkbox"/> black</p> |

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| <p>IN CANADA, IN CASE OF TRANSPORTATION EMERGENCY, CALL 24 HOUR EMERGENCY TELEPHONE NUMBER</p> <p style="text-align: center;">CANUTEC 1 613 966 6666</p> | <p>IN UNITED STATES OF AMERICA, IN CASE OF TRANSPORTATION EMERGENCY, CALL</p> <p style="text-align: center;">CHEMTREC 1 800 424 9300</p> |
| <p>Name of Signatory _____</p> | <p>Place _____</p> |
| <p>Title of Signatory _____</p> | <p>Signature _____</p> |
| <p>Date _____</p> | |